

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013979
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 138 Primary Registration District No. 5529 Registrar's No. 37

5. 300
1-57
0430

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Wheatland Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Bolivar</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <u>2 1/2 Miles N.W. Wheatland Mo</u>		Length of stay in 1b <u>Mo</u>	d. STREET ADDRESS (If outside, give location) <u>W. Broadway</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>SUFFINA Jane Bell</u>			4. DATE OF DEATH Month Day Year <u>April 16-1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 11-1859</u>	9. AGE (In years last birthday) <u>98</u>	IF UNDER 1 YEAR Months Days <u>4 30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Rossville Ind</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Aitken</u>		13b. MOTHER'S MAIDEN NAME <u>ZUZAN George</u>		14. NAME OF HUSBAND OR WIFE <u>George T. Bell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs Helen Winkler - Wheatland, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Influenza</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
DUE TO (c) <u>Smilety</u> 480X					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec 1957</u> to <u>April 16, 1958</u> and last saw her alive on <u>4-16-58</u> Death occurred at <u>10:15</u> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. E. Briggard, Jr.</u>			22b. ADDRESS <u>Wheatland, Mo.</u>		22c. DATE SIGNED <u>4-18-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>April 19, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bolivar Mo.</u>	
24. FUNERAL DIRECTOR <u>Bell & Hathaway - Wheatland, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-19-1958</u>		26. REGISTRAR'S SIGNATURE <u>Mary Johnson</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Chas E. McArthur*

Licensed Embalmer No. *4267*
P. O. Address *Whitland, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.