

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024326
State File No.

FILED JUN 16 1950

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4515</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u> c. LENGTH OF STAY (in this place) <u>1 week</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Sullivan Co. Memorial Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u> <u>10500</u> d. STREET ADDRESS (If rural, give location) <u>No street address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>David</u> c. (Last) <u>Bell</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>27</u> (Year) <u>1958</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct. 30, 1879</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail Road</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Beall</u>		13b. MOTHER'S MAIDEN NAME <u>America Bookout</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Blanche Davis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>365-05-0892</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanche Davis</u> ADDRESS <u>Green City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Caj Panum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval between onset and death <u>3 m</u>				19. DATE OF OPERATION _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>YES</u> ☐ <u>NO</u> ☒		21. HOW DID INJURY OCCUR? <u>157X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>58</u> , to <u>Aug</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>Aug 17</u> , 19 <u>58</u> , and that death occurred at <u>11:00 pm</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>John S. McPhail M.D.</u> (Degree or title)		23b. ADDRESS <u>1111 N. Main St. Green City, Mo.</u>		23c. DATE SIGNED <u>5/28/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 29, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-9-58</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckwith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. Kent & Son</u>		ADDRESS <u>Green City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5250

JUN 20 1958

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
Student Embalmer

Signed.....

Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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 this body is not embalmed, fact should be so stated above.