

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032531

STATE FILE NUMBER

FILED OCT 1 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4269

S. 300  
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General #2</u>			Length of stay in 1b <u>About 15</u>		d. STREET ADDRESS (If outside, give location) <u>1003 Virginia</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Don</u> Middle <u>Harold</u> Last <u>Bell</u>				4. DATE OF DEATH Month <u>August</u> Day <u>29</u> Year <u>1958</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb. 22, 1900</u>		9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kingston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Melvin Bell</u>			13b. MOTHER'S MAIDEN NAME <u>Leonia Simpson</u>			14. NAME OF HUSBAND OR WIFE <u>None</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 <u>Blanche Jackson</u>		Address <u>815 E. 8th St.</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>Carcinoma of Lungs</u>							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____	
DUE TO (c) _____							163 <i>h</i>	
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 _____ 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>May 21, 1958</u> to <u>August 29, 1958</u> and last saw <sup>her</sup> <del>him</del> alive on <u>August 29, 1958</u> Death occurred at <u>8:00</u> Pm on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Donna Bell</i>				(Degree or title)		22b. ADDRESS <u>600 E. 22nd Street</u>		
						22c. DATE SIGNED <u>9-5-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Anatomical</u>		23b. DATE <u>9-16-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>KC College of Osteopathy</u>		23d. LOCATION (City, town, or county) <u>KC, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Watkins Bros. Funeral Home 18th &amp; Benton</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>9-8-58</u>		
						26. REGISTRAR'S SIGNATURE <i>Neve Minshel</i>		

E. Frank Ellis

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 Bruce P. Watkins .....

Licensed Embalmer No. 4571 .....  
P. O. Address 18429 St .....

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.