

XC-6741386 SL 11093

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041274

STATE FILE NUMBER
10762

FILED NOV 20 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MEXICO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL		Length of stay in 1b 9 DAYS	d. STREET ADDRESS (If outside, give location) 31 902 S TRINITY ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND S. BELL			4. DATE OF DEATH Month Day Year 11/9/58
5. SEX MALE 2	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1/30/11
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	11. BIRTHPLACE (City and state or country) MEXICO, MISSOURI 0
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEORGE BELL		13b. MOTHER'S MAIDEN NAME ADA SMITH	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WWII		16. SOCIAL SECURITY NO. 491057847	17. INFORMANT Address VAH RECORDS 915 N. GRAND ST. LOUIS, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA DUE TO (b) CHRONIC LUNG DISEASE DUE TO (c) PULMONARY INFECTION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 24 Hours 8 Years 8 Years
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.) 527.2	
20c. TIME OF INJURY .Hour .Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		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 10/31/58 to 11/9/58 and last saw him alive on 11/9/58 Death occurred at 11:55 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE V.A. Codiga (Degree or title) V.A. CODIGA		22b. ADDRESS M.D. VAH ST. LOUIS, MISSOURI	22c. DATE SIGNED 11/9/58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Nov. 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Mexico, Missouri
24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. NOV 10 '58	26. REGISTRAR'S SIGNATURE C. A. Smith Mo

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 2 0 1958

NOV 2 5 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
Signature of Student Embalmer

Signed *Leo H. Whitaker*

Licensed Embalmer No. *470*

P. O. Address *Mexico, Ill.*

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.