

Health, Welfare & Public Service
300
1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044551

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rural Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City 36-58 0
c. FULL NAME OF (If NOT in hospital, give location) Jackson Co. Hosp.		Length of stay in 1b 13 days	d. STREET ADDRESS (If outside, give location) 4101 Campbell
3. NAME OF DECEASED (Type or print) First ERMA Middle D. Last Bell			4. DATE OF DEATH Month Dec. Day 30 Year 1958
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 8 - 1878
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 80
11a. FATHER'S NAME Unknown		11b. MOTHER'S MAIDEN NAME Unknown	11c. NAME OF HUSBAND OR WIFE Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Records Jackson Co. Hosp Indep 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) Arterio Sclerotic heart disease Generalized arterio Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 4200
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-17-58 to 12-30-58 and last saw her alive on 12-30-58 Death occurred at 11:45 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Philo Jager M.D.		22b. ADDRESS Lee's Summit, Mo	
22c. DATE SIGNED 1-1-59		23. NAME OF CEMETERY OR CREMATORY Columbus	
23a. LOCATION (City, town, or county) Columbus Kan		23b. DATE RECD. BY LOCAL REG. 1-1-59	
23c. FUNERAL DIRECTOR Murdoch Home Columbus Kan		23d. REGISTRAR'S SIGNATURE M. Langford	

(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.

30

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 *M. J. Langford*

Licensed Embalmer No. *3833*

P. O. Address *Las Vegas*

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.