

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006892
STATE FILE NUMBER

FILED MAR 10 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **21622**

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1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2215. MARKET		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1714 KANSAS STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JUDGE Middle P Last BELL			4. DATE OF DEATH Month July Day 11 Year 1959		
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE COL.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 11, 1888	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Month 3 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WAITER		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD CO		11. BIRTHPLACE (City and state or country) Bryant TEXAS	12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME ALFRED BELL Sr			14. MOTHER'S MAIDEN NAME SENA UNKNOWN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO NONE		16. SOCIAL SECURITY NO. 702-14-1688	17. INFORMANT <i>Alfred Bell Jr</i> 1732 S. LIBERTY STREET FT. WORTH, TEXAS		
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Coronary Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 420.1					INTERVAL BETWEEN ONSET AND DEATH
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.) 420.1		
20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her/him alive on _____ Death occurred at 9:44 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Patrick E. Taylor</i> (Deceased's title) 3			22b. ADDRESS 1300 Elm		22c. DATE SIGNED 2/15/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2 18 59	23c. NAME OF CEMETERY OR CREMATORY TRINITY CEMETERY		23d. LOCATION (City, town, or county) (State) FT. WORTH TARRANT TEXAS
24. FUNERAL DIRECTOR <i>John H. Houston</i>		ADDRESS 2812, THOMAS ST.		25. DATE RECD. BY LOCAL REG. FEB 16 59	
26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 44
P. O. Address 2812 TA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.