Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008741
STATE FILE NUMBER

FILED APR 8 1959 Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN Liberty — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 16 S. Fairview — Length of stay in 1b years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Liberty 6001 c — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 16 S. Fairview — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Ned Middle: Last: Bell
4. DATE OF DEATH Month Day Year: March 21, 1959
5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 5, 1884
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and state or country): Clay Co. Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: John W. Bell
13b. MOTHER'S MAIDEN NAME: Ameila Knight
14. NAME OF HUSBAND OR WIFE: Myrtle G. Bell
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Gertrude Bell Address: Liberty, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Omentum chiefly involved
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Primary not determined 1992
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

21. I attended the deceased from March 7 59 and last saw ~~not~~ him alive on March 21
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Wm H Goodson (Degree or title) MD
22b. ADDRESS Liberty Mo
22c. DATE SIGNED 3/22/59
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3-23-59
23c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
23d. LOCATION (City, town, or county) (State): Liberty, Missouri
24. FUNERAL DIRECTOR ADDRESS: Tyler-Pasley Liberty, Missouri
25. DATE RECD. BY LOCAL REG.: 3-30-59
26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 6
CLAY
HEALTH

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 Charles T. Tyler

Licensed Embalmer No. 4534

P. O. Address Liberty 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.