

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008966

STATE FILE NUMBER

Health,
Welfare
Public
Service

FILED MAR 19 1959 Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY FRANKLIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SULLIVAN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 437 ELM ST.		Length of stay in lb 9 YRS.	d. STREET ADDRESS (If outside, give location) 437 ELM ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ETHEL VIOLA BELL			4. DATE OF DEATH Month Day Year MARCH 17 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 17, 1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE OPR.		10b. KIND OF BUSINESS OR INDUSTRY SHOE	9. AGE (In years last birthday) 50 FUNDER 1 YEAR Months Days Hours Min. 1 0
11. BIRTHPLACE (City and state or country) STEELVILLE, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JAMES RICHARDSON		13b. MOTHER'S MAIDEN NAME RUTH HALBERT	14. NAME OF HUSBAND OR WIFE RAYMOND BELL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-01-1360	17. INFORMANT Address RAYMOND BELL SULLIVAN 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) Carcinoma of Breast. 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) 2 17CX			INTERVAL BETWEEN ONSET AND DEATH 4 YRS
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Mar 19 59 to Mar 12 59 and last saw him alive on Feb 12 59 Death occurred at 4:20 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert J. Brantley M.D. (Degree or title)		22b. ADDRESS Sullivan Mo.	22c. DATE SIGNED Mar 17 59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 19 1959	23c. NAME OF CEMETERY OR CREMATORY SCHMIDT CEMETERY	23d. LOCATION (City, town, or county) (State) SULLIVAN MO.
24. FUNERAL DIRECTOR H.M. EATON ADDRESS SULLIVAN, MO		25. DATE RECD. BY LOCAL REG. 3/18/59	26. REGISTRAR'S SIGNATURE Thomas A. Humphrey

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Harrison W. Eaton*

Licensed Embalmer No. *5066*

P. O. Address *Sullivan, N.Y.*

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.