

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009280

STATE FILE NUMBER

FILED MAR 26 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1324

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		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 Trinity Lutheran Hosp.		Length of stay in lb 30yrs.	d. STREET ADDRESS 4018 Michigan		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CARL W. BELL			4. DATE OF DEATH Month Day Year March 12, 1959		
5. SEX Male	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. 28, 1899	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Kirksville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Wiley Bell		13b. MOTHER'S MAIDEN NAME Myrtie Patience Duval		14. NAME OF HUSBAND OR WIFE Arlie Bell	
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. 486-26-1712	17. INFORMANT Address Arlie Bell 4018 Michigan		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dissecting Aneurysm of aorta DUE TO (b) Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) 451X				INTERVAL BETWEEN ONSET AND DEATH 10 days Not known	
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. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT <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 3-4-59 , to 3-12-59 and last saw her/him alive on 3-11-59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Edward A. Samuelson M.D.		22b. ADDRESS 4620 J.C. Nichols Pkwy - K.C. Mo.		22c. DATE SIGNED 3-13-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-14-59		23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	
		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		ADDRESS 1800 Linwood		25. DATE RECD. BY LOCAL REG. 3-13-59	
				26. REGISTRAR'S SIGNATURE Ilova Marshall	

Edward A. Samuelson

MEDICAL CERTIFICATION

blth,elfare
lic
vice

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ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(9)

M. E. C. Samuelson
4620 E. Nichols
L 01-0600
10-5:30

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 *John E. Samuelson*

Licensed Embalmer No. *5025*
P. O. Address *Indep. 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.