Dept. Health, Ed., & Welfare
U. S. Public Health Service

V. S. 300
Rev. 1-57
80

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020369
STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 30 Primary Registration District No. 5103 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Benton
b. CITY OR TOWN: Lindsey Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION: 8 miles N. E. Warsaw — Length of stay in 1b: 1/2 day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Benton
c. CITY OR TOWN: Warsaw — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: THOMAS Middle: Leroy Last: BELL

4. DATE OF DEATH: Month: June Day: 16 Year: 1959

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: May 16, 1895
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months: 1 Days: 0 — IF UNDER 24 HRS: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Highway Construction Co
11. BIRTHPLACE (City and state or country): Edwards, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: William Bell
13b. MOTHER'S MAIDEN NAME: Laura Swan
14. NAME OF HUSBAND OR WIFE: Edna Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 494-16-4151
17. INFORMANT: Edna Bell Address: Warsaw, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	acute circulatory failure	5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Thrombosis (R Vent.)	5 days
DUE TO (c)	Arteriosclerosis	1 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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

21. I attended the deceased from June 10, 1959 to 6/16/59 and last saw her/him alive on 6-15-59
Death occurred at 3:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] DO (Degree or title)
22b. ADDRESS: Warsaw Mo
22c. DATE SIGNED: 6-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 19, 1959
23c. NAME OF CEMETERY OR CREMATORY: Hastain Cemetery
23d. LOCATION (City, town, or county) (State): Hastain Benton Co, Mo

24. FUNERAL DIRECTOR: John F. Reser ADDRESS: Warsaw
25. DATE RECD. BY LOCAL REG.: June 18, 1959
26. REGISTRAR'S SIGNATURE: Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

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.

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

23-0

JUN 24 1959

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 ..... Signed John F. Beser

Signature of Student Embalmer

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.