

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022386

STATE FILE NUMBER

FILED JUL 1 1959 Registration District No. 275 Primary Registration District No. 305.3 Registrar's No. 103

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Rural (Meramec twp)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps Co Memorial Hosp		Length of stay in hospital 1 hr. 08	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Henry Bell			4. DATE OF DEATH Month Day Year June 22 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 Nov 15 1876	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 7 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Phelps Co, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry W. Bell		13b. MOTHER'S MAIDEN NAME Elizabeth Tongate		14. NAME OF HUSBAND OR WIFE Mary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No no		16. SOCIAL SECURITY NO. -	17. INFORMANT Leonard Bell Address 409 E. Eldon St. James, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal skull fracture					INTERVAL BETWEEN ONSET AND DEATH 1 hr
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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) pickup truck turned over			
20c. TIME OF INJURY Hour Month, Day, Year 3:00 p.m. 6-22-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 60, south			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION St James Phelps MO		COUNTY STATE	
21. I attended the deceased from 6-22-59 to 6-22-59 and last saw her/him alive on 6-22-59 Death occurred at 4:25 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. A. Tucker M.D.			22b. ADDRESS St James MO		22c. DATE SIGNED 6-23-59
23a. BURIAL CREMATION (Specify) Burial		23b. DATE June 25, 59		23c. NAME OF CEMETERY OR CREMATORY Asher Cemetery	
23d. LOCATION (City, town, or country) Phelps Co, Missouri		(State)			
24. FUNERAL DIRECTOR Jesse Gahr Address 205 W. Meramec St. James, Mo.		25. DATE RECD. BY LOCAL REG. June 24, 1959		26. REGISTRAR'S SIGNATURE Nadine L. Stoll	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 20 1959

County File Number 1335
Date Filed June 29, 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
Signature of Student Embalmer

Signed C. Jesse Gabe

Licensed Embalmer No. 4786

P. O. Address. St. James, 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.