

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022387

STATE FILE NUMBER

FILED JUL 1 1959 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 104

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Rolla</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rural Meramec Twp</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phelps Co Memorial Hospital</b>		Length of stay in lb <b>08/00</b>	d. STREET ADDRESS (If outside, give location) <b>08/00</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mary Lou Cinda Bell</b>			4. DATE OF DEATH Month Day Year <b>June 23 1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb 26, 1883</b>	9. AGE (In years last birthday) <b>76</b> FINDER YEAR <b>7</b> IF UNDER 24 HRS. Month Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>House work</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John A. Lamb</b>		13b. MOTHER'S MAIDEN NAME <b>Ellen Norris</b>		14. NAME OF HUSBAND OR WIFE <b>John Henry Bell</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT <b>Leonard Bell 409 E. Eldon St. James, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>multiple fractures - shock</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>(and internal injuries of chest)</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)					INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
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.) <b>pickup truck turned over</b>				
20c. TIME OF INJURY <b>3:00 p.m.</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>away</b>				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>St James Phelps Mo</b>		20g. COUNTY STATE		
21. I attended the deceased from <b>6-22-59</b> to <b>6-23-59</b> and last saw her/him alive on <b>6-23-59</b> Death occurred at <b>2:30 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>[Signature]</b> (Degree or title)			22b. ADDRESS <b>St James Mo</b>		22c. DATE SIGNED <b>6-23-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>June 25, 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Asher Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Phelps Co, Missouri</b>	
24. FUNERAL DIRECTOR <b>Jesse Gahr</b>		24a. ADDRESS <b>2009 S. Meramec St. James, MO</b>	25. DATE RECD. BY LOCAL REG. <b>June 24 1959</b>	26. REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		

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 listed. All diseases in Part I must be causally related.

AUG 20 1959

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 Galt .....

Licensed Embalmer No. 486 .....

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.