

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028964

EFILE VS SEP 1 1959 149

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3971

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (if outside corporate limits, give TOWNSHIP only) KANSAS CITY		Length of stay in 1b 27 years		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION GROSSE NURSING HOME			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 3908 TROOST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GEORGE T Middle BELL Last BELL				4. DATE OF DEATH Month AUG Day 15 Year 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 MAY 4, 1876	9. AGE (last birthday) 83 yrs.	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCH REPAIR JEWELER			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Linn County, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Harrison Bell			13b. MOTHER'S MAIDEN NAME Mary Jacks		14. NAME OF HUSBAND OR WIFE EVA 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. 489-22-8545A	17. INFORMANT Address Kansas City Missouri Mrs. Eva Bell 3908 Troost Avenue			
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 the Prostate with extensive Bone Metastases. 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) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 WORK <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 11-19-45 , to 8-15-59 and last saw ^{her} him alive on 8-10-59 Death occurred at 10 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John H. Wheeler</i> (Degree or title)				22b. ADDRESS M.D. 411 Nichols Road, K. C. Mo.		22c. DATE SIGNED 8-17-59.	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
Burial	8/17/1959	Mount Moriah Cemetery		Kansas City Missouri			
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd. Address Kansas City, Missouri				25. DATE RECD. BY LOCAL REG. 8-17-59	26. REGISTRAR'S SIGNATURE <i>Neva Mitchell</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **John H. Wheeler**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *W. D. Nelson*

Licensed Embalmer No. 4421

P. O. Address Kansas

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.