

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

79-041147

FILED VS DEC 9 1959

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 54 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Trail</u>		Length of stay in 1b <u>66 yrs.</u>	c. CITY OR TOWN <u>Trail</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Date OF DEATH Month Day Year
George Clyde Bell Nov. 27, 1959

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 1-16-93 9. AGE (last birthday) 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
 10b. KIND OF BUSINESS OR INDUSTRY Own farm 11. BIRTHPLACE (City and state or country) Trail, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Tom Bell 13b. MOTHER'S MAIDEN NAME Mary Ann Dye 14. NAME OF HUSBAND OR WIFE Manerva 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. None 17. INFORMANT Address Manerva Bell, Trail, 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) Cerebral Hemorrhage - 1 day INTERVAL BETWEEN ONSET AND DEATH 1 day
 DUE TO (b) Arteriosclerosis - Five years. 5 years
 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.
 Yes No Unknown

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 Nov. 27, 1959 to Nov. 27, 1959 and last saw ^{her}him alive on Nov. 27, 1959
 Death occurred at 2: P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

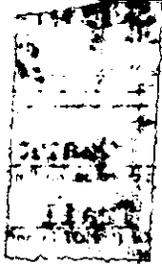
22a. SIGNATURE (Degree or title) W. A. Craig, D. O. 22b. ADDRESS First & Talcott - Mountain Grove, Missouri 22c. DATE SIGNED Nov 30, '59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-29-59 23c. NAME OF CEMETERY OR CREMATORY #Eaton Eaton 23d. LOCATION (City, town, or county) Trail, Missouri (State)

24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo. 25. DATE RECD. BY LOCAL REG. 12-2-59 26. REGISTRAR'S SIGNATURE Thane Mahan

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)



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 Lytle G. Clinkingbeard

Licensed Embalmer No. 4830

P. O. Address Ada, 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.