

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 43613

FILED VS DEC 21 1959

STATE FILE NUMBER

Registration District No. 58 Primary Registration District No. 4272 Registrar's No. 31

MEMORIALIZED

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Van Buren</u>	Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Fremont</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF IF NOT in hospital, give location) <u>home of son</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Dicy</u> Middle <u>Jane</u> Last <u>Bell</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>12</u> Year <u>1959</u>	
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5. SEX <u>F</u>	6. COLOR OF RACE <u>W</u>	Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-13-96</u>	9. AGE (last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Dora Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Benjamin Freeman</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy Sweeten</u>	14. NAME OF HUSBAND OR WIFE <u>Erwin Bell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>not</u>	17. INFORMANT <u>Albert Bell</u> Address <u>Fremont Mo</u>
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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)	<u>acute circulatory failure</u>	<u>8 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Chronic Myocarditis</u>	<u>8 yrs</u>
	DUE TO (c) <u>arterial hypertension, senility</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (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
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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.)
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20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____	Month, Day, Year _____
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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 _____
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21. I attended the deceased from Feb 13, 1949 to Dec 12, 1959 and last saw her alive on Dec 12, 1959
Death occurred at 1:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank Pucinski, D.O.</u> (Degree or title)	22b. ADDRESS <u>Van Buren, Mo.</u>	22c. DATE SIGNED <u>12-14-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-15-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sweeten</u>	23d. LOCATION (City, town, or county) <u>Dora Mo</u>
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24. FUNERAL DIRECTOR <u>Leaton Pruitt</u> ADDRESS <u>van Buren</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 15-59</u>	26. REGISTRAR'S SIGNATURE <u>Miss Oeta Jensen</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.