MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029070
STATE FILE NUMBER

AMENDED

Registration District No. 145 Primary Registration District No. 5566 Registrar's No. 50

FILED AUG 31 1961

1. PLACE OF DEATH
a. COUNTY: Iron
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Belleview
Length of stay in Ib: life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): general delivery
Inside Limits: Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Iron
c. CITY OR TOWN: Belleview
Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): general delivery
Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First THOMAS Middle HAL Last BELL
4. DATE OF DEATH: Month Aug. Day 26 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married # ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Mar 14 1880
9. AGE (last birthday): 81
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): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Belleview Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Thomas M. Bell
13b. MOTHER'S MAIDEN NAME: Mary Theresa Walters
14. NAME OF HUSBAND OR WIFE: Cora Lawson Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Cora Bell Address: Belleview Mo.

MEDICAL CERTIFICATION

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 arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 year
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. ☐ 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 10-10-58, to 8-26-61 and last saw her/him alive on 7-31-61
Death occurred at 4.10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin C. Menne MD
22b. ADDRESS: Ironton, Missouri
22c. DATE SIGNED: 8-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8-28-61
23c. NAME OF CEMETERY OR CREMATORY: Arcadia Valley Memorial Park
23d. LOCATION (City, town, or county) (State): Ironton Mo.

24. FUNERAL DIRECTOR: Ernest F. White ADDRESS: White Funeral Home, Ironton Mo.
25. DATE RECD. BY LOCAL REG.: Aug 30, 1961
26. REGISTRAR'S SIGNATURE: Mrs Elizabeth Logan

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton 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.