

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-035767

STATE FILE NUMBER

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 236

FILED OCT 25 1961

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico	Length of stay in 1b Years. 	c. CITY OR TOWN Mexico	Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain County Hospital		d. STREET ADDRESS 501 S. Walnut	Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Oscar Middle Lee Last Bell	4. DATE OF DEATH Month October Day 16 Year 1961
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5. SEX Male	6. COLOR OR RACE Negroid	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 1-15-1905	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer	10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME George Bell	13b. MOTHER'S MAIDEN NAME Ada Smith	14. NAME OF HUSBAND OR WIFE UNKNOWN
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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) NO	16. SOCIAL SECURITY NO. 498-14-9117	17. INFORMANT Address Mrs. Dorothy Hayes - Mexico, Mo.
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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: IMMEDIATE CAUSE (a) Acute Bronchial Asthma		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Emphysema	1 hour
DUE TO (c) 		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pneumonia		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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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.)
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20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year
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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
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21. I attended the deceased from 5-1-59 to Oct 16 - 61 and last saw him alive on Oct 16 - 61 Death occurred at 5-18-P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold Sanford	(Degree or title) M.D.	22b. ADDRESS Mexico Mo	22c. DATE SIGNED 10-19-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-19-1961	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) Mexico Missouri
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24. FUNERAL DIRECTOR Arnold Funeral Home	ADDRESS Mexico, Mo.	25. DATE RECD. BY LOCAL REG. Oct 19-1961	26. REGISTRAR'S SIGNATURE Blanche Neely
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 OCT 26 1961

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 Connie L. Pickering, Student Embalmer No. 633

working under my personal supervision.

Student Connie L. Pickering
Signature of Student Embalmer

Signed

Oliver A. Auman

Licensed Embalmer No. 3569

P. O. Address Unk

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.