

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1961

-61-047589

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 178

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

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| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Twp</u> | | Length of stay in 1b <u>1 M 8 da</u> | c. CITY OR TOWN <u>Miller</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp. #3</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>none</u> |
| | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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|---|---------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>L</u> Last <u>Bell</u> | | | 4. DATE OF DEATH Month <u>12</u> Day <u>17</u> Year <u>61</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-23-98</u> | 9. AGE (last birthday) <u>62</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 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 <u>none</u> | | 11. BIRTHPLACE (City and state or country) <u>Texas</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Thomas Payne</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Roland</u> | | 14. NAME OF HUSBAND OR WIFE <u>Leonard G. Bell</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT <u>Records</u> Address <u>State Hospital #3 Nevada, 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: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Cardiovascular disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Months</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic Brain Syndrome assoc. with Cerebral Arteriosclerosis</u> | | 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 checked="" 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 <u> </u> a.m. <u> </u> p.m. <u> </u> | Month, Day, Year <u> </u> | |
| 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 <u>I reviewed the remains of Mrs. Jessie L. Bell</u> to <u> </u> and last saw her <u> </u> alive on <u> </u> | Death occurred at <u>6:20 p</u> on the date stated above, and to the best of my knowledge, from the causes stated. | |

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| 22. SIGNATURE <u>JH Combs</u> (Degree or title) <u>MD</u> | 22b. ADDRESS <u>Nevada Missouri</u> | 22c. DATE SIGNED <u>12-17-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>12-18-1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Armore, Oklahoma</u> |
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| 24. FUNERAL DIRECTOR <u>Hayes Funeral Service Inc</u> ADDRESS <u>Nevada, Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>Dec 18-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> |
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SHOULD READ

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1962

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

Richard L. Triffin

Licensed Embalmer No. 5053

P. O. Address W. Scott, A.

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.