MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-000998
STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 17

FILED JAN 23 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington — Length of stay in 1b 3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Francis Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Franklin
c. CITY OR TOWN Villa Ridge — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R#1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First OSCAR Middle C. Last BELL
4. DATE OF DEATH Month Jan Day 14 Year 1962
5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-14-1886
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months 4 Days 0 — 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 Own Farm
11. BIRTHPLACE (City and state or country) Villa Ridge, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John T. Bell
13b. MOTHER'S MAIDEN NAME Luella Rutherford
14. NAME OF HUSBAND OR WIFE Olga M. 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. unknown
17. INFORMANT Olga M. Bell Address R#1 Villa Ridge, Mo.

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)	Gastric hemorrhage	2 days
DUE TO (b)	gastric varices	?
DUE TO (c)	Cirrhosis of Liver	?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 Jan 11, 1962, to 1-14-62 and last saw her/him alive on Jan 13, 1962
Death occurred at 5:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS Jefferson Washington Mo
22c. DATE SIGNED 1/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 17, 1962
23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery
23d. LOCATION (City, town, or county) (State) Labadie, Mo.

24. FUNERAL DIRECTOR Nieburg + Vitt Inc. ADDRESS Washington, Mo.
25. DATE RECD BY LOCAL REG. 1/16/62
26. REGISTRAR'S SIGNATURE Lewis C. Hirdmann

(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_____ Signed Vernon S. Vedder

Signature of Student Embalmer

Licensed Embalmer No. 5031

P. O. Address Washington, 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.