

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001407

STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 4232 Registrar's No. 51

AMENDED

FILED FEB 2 1962

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs,		Length of stay in 1b Yrs.	c. CITY OR TOWN Willow Springs Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Pine Grove Road Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ADA Middle B. Last BELL			4. DATE OF DEATH Month Jan. Day 26, Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/11/88
9. AGE (last birthday) 73		IF UNDER 1 YEAR Months 7 Days 15	IF UNDER 24 HR Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Kirkville, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Anthony Boydston	
13b. MOTHER'S MAIDEN NAME Nettie Boydston		14. NAME OF HUSBAND OR WIFE H.P. Bell	
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. None	17. INFORMANT Address H.P. Bell, Willow Springs, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caranaty acc lusion. DUE TO (b) coronary atherosclerosis and abstruting thrombus. DUE TO (c) Generalized senility. INTERVAL BETWEEN ONSET AND DEATH onset january 29, 1962 death - 8:45 am 12:10 pm.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastro-intestinal flat ulc with excessive distention Biliary stasis and dysfunction and possible dietary indiscretion			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE none	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) no-injury
20c. TIME OF INJURY Hour none Month, Day, Year ---			
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.) none	20f. CITY, TOWN, OR LOCATION 324 Pine Grove Rd. (Howell), Missouri
21. I attended the deceased from January 26, 1962 and last saw her alive on 1/26/62 Death occurred on January 26, 1962 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dr. H.F. Gady, D.O.		22b. ADDRESS Willow Springs, Mo.	22c. DATE SIGNED 1/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/29/62	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) Willow Springs, Mo.
24. FUNERAL DIRECTOR Burns, Willow Springs, Mo.		25. DATE RECD. BY LOCAL REG. 1/31/62	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

MAR 13 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 T. R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, 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.