

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023886

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 42-62

FILED JUN 19 1962

VS 300
Rev. 4/59

10600
20600

3

4 0

5 1

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7 1

8 0

9 4201

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11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noel		Length of stay in 1b 5 years		c. CITY OR TOWN Noel	
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) None	
3. NAME OF DECEASED (Type or print) First Wesley Middle Clark Last Bell		4. DATE OF DEATH Month June Day 11 Year 1962			
5. SEX Male	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 4-7-1900	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Broker		10b. KIND OF BUSINESS OR INDUSTRY Independent Produce Brokerage		11. BIRTHPLACE (City and state or country) Locksburg, Ark	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William H. Bell		13b. MOTHER'S MAIDEN NAME Elizabeth FLOYD	
14. NAME OF HUSBAND OR WIFE Irene 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. _____	
17. INFORMANT Irene Bell Noel, Missouri		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH _____	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m.	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.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from 1-3-60 to 6-11-62 and last saw him alive on 6-6-62		Death occurred at 12:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wesley H. Bell</i> (Degree or title)		22b. ADDRESS <i>M.D. Clavette</i>		22c. DATE SIGNED 6-12-62	
23a. BURIAL, CREMATION REMOVAL (Specify) Removal	23b. DATE JUNE 13, 1962	23c. NAME OF CEMETERY OR CREMATORY Olympus Cemetery		23d. LOCATION (City, town, or county) (State) Grove Oklahoma	
24. FUNERAL DIRECTOR Humphrey Funeral Home Noel, Mo		25. DATE RECD. BY LOCAL REG. JUNE 13, 1962		26. REGISTRAR'S SIGNATURE <i>Mary A. Buckley</i>	

USE BLACK INK OR TYPEWRITER RIBBON

JUN 21 1962

Removal Permit issued - June 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 Don Mooney, Student Embalmer No. 668

working under my personal supervision.

Student Wayne E. Mooney
Signature of Student Embalmer

Signed Wayne A. Woodard

Licensed Embalmer No. 5172

P. O. Address Neel, 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.