# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-024076
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Registration District No. 254 Primary Registration District No. 5878 Registrar's No. 35

FILED JUL 5 1962

1. PLACE OF DEATH
a. COUNTY Oregon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Woodside township — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Oregon
c. CITY OR TOWN Alton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Woodside township — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Hazel Middle Last Bell
4. DATE OF DEATH Month June Day 24 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-22-1914
9. AGE (last birthday) 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Kentucky
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME W. O. Miller
13b. MOTHER'S MAIDEN NAME Nora Campbell
14. NAME OF HUSBAND OR WIFE S am Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
17. INFORMANT Sam Bell, Address Alton, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gun shot wound in head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) self inflected
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 4 Hour a.m. p.m. Month, Day, Year 6-24-62
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 ____ to ____ and last saw her/him alive on ____
Death occurred at 4:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lee Dr. Martin Coroner
22b. ADDRESS Thayer Mo.
22c. DATE SIGNED 6-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-27-1962
23c. NAME OF CEMETERY OR CREMATORY Pine Cemetery
23d. LOCATION (City, town, or county) (State) Ripley Co., Missouri

24. FUNERAL DIRECTOR Clary Funeral Home, ADDRESS Alton, Mo.
25. DATE RECD. BY LOCAL REG. 6-28-62
26. REGISTRAR'S SIGNATURE Roy D. Slade

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 0750 | | |
| 2 | 0750 | | |
| 3 | 1 | | |
| 4 | 1 | | |
| 5 | 1 | | |
| 6 | | | |
| 7 | 1 | | |
| 8 | 2 | | |
| 9 | 976X | | |
| 10 | | | |
| 11 | | | |
| 12 | 90-3 | | |
| 13 | 3-0 | | |

BY AFFIDAVIT OF DOCUMENT

JUL 18 1962

Burial Permit to Transit

**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_____

Signature of Student Embalmer

Licensed Embalmer No. 4516

P. O. Address West Plains 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.