

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029869

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 255

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 20 1962

1. PLACE OF DEATH a. COUNTY <u>Adair</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u> Length of stay in 1b <u>life</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u> c. CITY OR TOWN <u>Kirkville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>711 W. Patterson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>P.C. Mills Park (1500 S. Baird St.)</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>ROGER DEAN BELL</u>			4. DATE OF DEATH Month Day Year <u>August 11, 1962</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-10-1952</u>	9. AGE (last birthday) <u>10</u>	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) <u>Student</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Kirkville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Carroll L. Bell</u>	13b. MOTHER'S MAIDEN NAME <u>Gladys Hatcher</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Carroll Bell 711 W. Patterson Kirkville</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>Suffocation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Drowning</u> DUE TO (c) <u>Hypoglycemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
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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)	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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>This boy has had frequent "Black Outs" due to his having a "Hypoglycemia" condition.</u>
20c. TIME OF INJURY Hour Month, Day, Year <u>App. 1:25 P.M. 8-11-62</u>	<u>He had a black out while in the wading pool at the city park (P.C. Mills).</u>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>City Park, 1500 S. Baird, Kirkville, Adair, Missouri</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Kirkville, Adair, Missouri</u>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
 Death occurred at D.O.A. KOH Hospital rd 2 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Death cert. filer) <u>Nova E. Foster, Coroner, Adair Co., Kirkville, Missouri</u>	22b. ADDRESS	22c. DATE SIGNED <u>8/12/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-11-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills</u>	23d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Dee Riley Funeral Home, Inc. 415 North Franklin Kirkville, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 13, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 1 0017
 2 0017
 3
 4 0
 5 0
 6
 7 0
 8 2
 9 9294
 10 42
 11 124
 12 1291-3
 13 1-0
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed Aug 13, 1967

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 Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirksville, 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.