MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035597

STATE FILE NUMBER

Registration District No. 220 Primary Registration District No. 3050 Registrar's No. 61

FILED SEP 24 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0785
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville
Length of stay in 1b: 5 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION 206 E. 13th. St. (Rear) Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missour b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 206 E. 13th St. (Rear) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Ida Middle E Last Bell

4. DATE OF DEATH: Month 9 Day 8 Year 62

5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 7-2-1877
9. AGE (last birthday): 85
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: Home
11. BIRTHPLACE (City and state or country): Houston, Texas
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Ben Lee
13b. MOTHER'S MAIDEN NAME: UNK
14. NAME OF HUSBAND OR WIFE: Oscar 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.:
17. INFORMANT: Mrs. Hazel Petty Address 206 E. 13th ST.R.

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) Senile Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH unknown
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. ☐ 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 9/8/62 to 9/8/62 and last saw her/him alive on 9/8/62
Death occurred at 5 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS Caruthersville, Mo
22c. DATE SIGNED 9/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-14-62
23c. NAME OF CEMETERY OR CREMATORY: Morgan Ridge Cemetery
23d. LOCATION (City, town, or county) (State): Caruthersville, Mo

24. FUNERAL DIRECTOR: Carters Funeral Home. ADDRESS: 1308 Franklin
25. DATE RECD. BY LOCAL REG.: 9-13-62
26. REGISTRAR'S SIGNATURE: Jack W Tipton

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 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 Jas. A. Carter

Licensed Embalmer No. 4468

P. O. Address C. Williams

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.