

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011405

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 740

Primary Registration District No. 3024

Registrar's No. 28

FILED APR 8 1963

1. PLACE OF DEATH

a. COUNTY Howard

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN Fayette, Missouri

Length of stay in lb  
48 hrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Keller Mmemorial Hosp.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Howard

c. CITY  
OR  
TOWN Fayette

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS (If outside, give location)  
500 N. Church St.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HELEN

WELLS

BELL

4. DATE  
OF  
DEATH

Month

Day

Year

MAR.

30.

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/1/1875

9. AGE (last birthday)

87

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
House Work

10b. KIND OF BUSINESS OR INDUSTRY  
Own Home

11. BIRTHPLACE (City and state or country)  
Lake Mills, Wis.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Charles M. Wells

13b. MOTHER'S MAIDEN NAME

Harriett Winans

14. NAME OF HUSBAND OR WIFE

John B. 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  
Max Wells, Seattle, Wash.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

4 hrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Chronic Arteriosclerosis

5 yrs

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.

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 3-29-63 to 3-30-63 and last saw her alive on 3-30-63  
Death occurred at 2 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Irene Bloom M.D.

22b. ADDRESS

Fayette Mo

22c. DATE SIGNED

4-1-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

4/2/1963

23c. NAME OF CEMETERY OR CREMATORY

Walnut Ridge Cemetery

23d. LOCATION (City, town, or county)

Fayette, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Ralph A. Carr Fayette, Mo.

25. DATE RECD. BY LOCAL REG.

4-1-63

26. REGISTRAR'S SIGNATURE

Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 4-1-63

**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 \_\_\_\_\_

*Ralph A. Case*

Licensed Embalmer No. 3340

P. O. Address Jayette 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.