

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045050

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 149

FILED NOV 26 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		Length of stay in 1b	c. CITY OR TOWN ST. CHARLES
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1726 TOMPKINS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1726 TOMPKINS
3. NAME OF DECEASED (Type or print) First GEORGE Middle W. Last BELL		4. DATE OF DEATH Month Nov. Day 20 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-7-1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY AIRCRAFT	11. BIRTHPLACE (City and state or country) MADISON, MONT.
13a. FATHER'S NAME FRANK BELL		13b. MOTHER'S MAIDEN NAME JOSEPHINE LOCKE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apparently natural causes		17. INFORMANT Address ANNA GRONE FELD, ST. CHARLES, MO.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) was found approximately 12 hrs. after death		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO (c) case investigated by coroner		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e).			
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 _____ to _____ and last saw her/him alive on _____ Death occurred at found Nov 21-1963-5:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Colman Stewart Registrar Route 3 St Charles Mo.		22b. ADDRESS	22c. DATE SIGNED 11-22-63
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11-21-63	23c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE CEM. FAIRFIELD ILL.	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS NALES FUNERAL HOME, FAIRFIELD, ILL		25. DATE RECD. BY LOCAL REG. 11-21-63	26. REGISTRAR'S SIGNATURE Colman Stewart

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DEC 4 1963

DEC 20 1963

FEB 25 1964

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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.