

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22803

State File No. _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

19000

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grandriver</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Archie, Mo</u>	
c. LENGTH OF STAY (in this place) <u>63 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>_____</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Harding Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>_____</u>	

3. NAME OF DECEASED (First) Peter (Middle) Bell (Last) Bell

4. DATE OF DEATH (Month) (Day) (Year) July 17-1949

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec 4-1866 9. AGE (In years last birthday) 82 UNDER 1 YEAR Months 7 Days 13 IF UNDER 1 HR. Hours 6 Min. 50

10a. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired) Farmer 15 years 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Petersburg VA 12. CITIZEN OF THAT COUNTRY USA

13a. FATHER'S NAME Silas Bell 13b. MOTHER'S MAIDEN NAME Caroline Talley 14. NAME OF HUSBAND OR WIFE Ruella 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'S SIGNATURE OR NAME Henry Bell ADDRESS Harrisonville, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

DUE TO (b) ARTERIOSCLEROSIS
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) SENILITY

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
SBIX

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 6-19-49 to 7-17-49, that I last saw the deceased alive on 7-18-49, and that death occurred at 6-58 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David Long D.M.N. 23b. ADDRESS Harrisonville Mo 23c. DATE SIGNED 7-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 19-49 24c. NAME OF CEMETERY OR CREMATORY Crescent Hill 24d. LOCATION (City, town, or county) (State) Archie Mo.

DATE REC'D BY LOCAL REG. July 19, 1949 REGISTRAR'S SIGNATURE Rana Jones 51 25. FUNERAL DIRECTOR'S SIGNATURE Chas. Brown ADDRESS Harrisonville Mo

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
Student Embalmer

Signed *Floyd W. Hanson*

Licensed Embalmer No. *3920*

P. O. Address *Harcourtville*

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 this body is not embalmed, fact should be so stated above.

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