

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26678

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5463		Registrar's No. 787		
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fair Grove		c. LENGTH OF STAY (In this place) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fair Grove		3. 9		
d. FULL NAME OF HOSPITAL OR INSTITUTION Fair Grove				d. STREET ADDRESS (If rural, give location) Fair Grove				
3. NAME OF DECEASED (Type or Print)			a. (First) John			b. (Middle) Ellis		
			c. (Last) Bell			4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 11 1862		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Hotel Owner		10b. KIND OF BUSINESS OR INDUSTRY Hotel Owner		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME David Bell			13b. MOTHER'S MAIDEN NAME Ellis			14. NAME OF HUSBAND OR WIFE Georga 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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georga Bell Fair Grove, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis DUE TO (c) Advanced age II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						INTERVAL BETWEEN ONSET AND DEATH 9 Mos AK 33IX	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 1949, to Aug 1949, that I last saw the deceased alive on Aug 1, 1949 and that death occurred at 4:00a.m., from the causes and on the date stated above.								
23a. SIGNATURE G. Phumma MD				23b. ADDRESS Buffalo Mo		23c. DATE SIGNED 9-3-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-4-49	24c. NAME OF CEMETERY OR CREMATORY Cedar Bluff Cem.		24d. LOCATION (City, town, or county) (State) 4 mi. E. Fair Grove, Mo.			
DATE REC'D BY LOCAL REG. 9-6-49		REGISTRAR'S SIGNATURE N.E. Handley MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. W. Klingner & Sps. Co.				

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

Max Rhodes

Signed.....

Student Embalmer

Licensed Embalmer No. _____

4071

P. O. Address _____

Springfield

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.