No. 300
10-48

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29825

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 38

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1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN
c. LENGTH OF STAY (in this place): 47 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NORTHSIDE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN MO
d. STREET ADDRESS (If rural, give location): 46 OAK ST.

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): ELDREDGE
c. (Last): BELL

4. DATE OF DEATH (Month) (Day) (Year): OCTOBER 5 1949

5. SEX: MALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 12, 1901
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 10, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: LUMBERYARD
11. BIRTHPLACE (State or foreign country): SULLIVAN MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: JAMES P. BELL
13b. MOTHER'S MAIDEN NAME: SALLIE ELDREDGE
14. NAME OF HUSBAND OR WIFE: Ruth K. 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.: 498-01-2765
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Sallie Bell — ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pneumonia Dedema — 2 days

DUE TO (c): ~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 343X

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) m.
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* Sept 20, 1949, *to* Oct 5, 1949, *that I last saw the deceased alive on* Oct 4, 1949, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Hud
23b. ADDRESS: Fr. Clair Mo
23c. DATE SIGNED: 10-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCT. 7, 1949
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): SULLIVAN MO

DATE REC'D BY LOCAL REG.: 10-6-49
REGISTRAR'S SIGNATURE: [signature] 97
25. FUNERAL DIRECTOR'S SIGNATURE: H. W. Eaton — ADDRESS: Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-11-49
District Health Officer No. 9,
District File Number

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 Edgar W. Lafloon
Licensed Embalmer No. 3394
P. O. Address Sullivan MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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