

FILED NOV 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 34280

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 0878 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>OREGON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Altton Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Altton, Rural</u>	
c. LENGTH OF STAY (in this place) <u>STAY</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>LETHA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>BELL</u>	<u>10-6-50</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>June 3, 1946</u>		9. AGE (In years last birthday) <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Roy W. Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Luella Watson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>ROY W. BELL</u>	
				ADDRESS <u>Altton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>if it die from a blood clot I would not know</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Patist way dead when</u> DUE TO (c) <u>I saw it. Their way autopsy</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pat I would not know</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Nov 8, 1950, and that death occurred at 11:00 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Victor J. D. O.</u>		23b. ADDRESS <u>Altton Mo</u>		23c. DATE SIGNED <u>10-7-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nickerson Avenue Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Altton, Oregon</u>	

DATE REC'D BY LOCAL REG. <u>Oct 13-50</u>		REGISTRAR'S SIGNATURE <u>M. W. C. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John & Clay</u>	
				ADDRESS <u>Altton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

2750

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John D. Clark

Signed

Student Embalmer

Licensed Embalmer No. *4475*

P. O. Address *Box 398, Alton 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 this body is not embalmed, fact should be so stated above.