

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41501

State File No.

643
1

FILED DEC 21 1950

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5764 Registrar's No. 52

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>BELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7 1950</u>
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5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>AUG. 28th 1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Shelby County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Hines</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Hardin</u>	14. NAME OF HUSBAND OR WIFE <u>John Bell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ed. E. Newkalt</u>	ADDRESS <u>Monroe City Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2</u> <u>3 3/4</u> <u>6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fracture of femur</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 22, 1950, to Dec 7, 1950, that I last saw the deceased alive on Dec 1, 1950, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. C. Ore live</u>	(Degree or title)	23b. ADDRESS <u>Shelbyville Mo</u>	23c. DATE SIGNED <u>12-11-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Loomis Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shelby County Mo</u>
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DATE REC'D BY LOCAL REG. <u>12/13/50</u>	REGISTRAR'S SIGNATURE <u>By Viola Lewis Reg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Thompson</u>	ADDRESS <u>Shelbyville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 10 1950

WARRICK CO. HEALTH DEPT.

DATE FILED DEC 10 1950

1951 JAN 18

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.....

Myself

Student Embalmer No.

working under my personal supervision.

Signed *E. P. Thompson*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *1632*.....

P. O. Address *Shelbyville, 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.