

FILED JAN 25 1951

STANDARD CERTIFICATE OF DEATH

1994

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 1

1. PLACE OF DEATH  
a. COUNTY Oregon  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer  
c. LENGTH OF STAY (In this place) 66 Yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Oregon  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer 0750  
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED a. (First) SAMUEL b. (Middle) M. c. (Last) BELL 4. DATE OF DEATH (Month) (Day) (Year) Jan. 8 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Nov. 29, 1879 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR 1 Days IF UNDER 24 HRS. 9 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Fairfield, Ill. 1 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John R. Bell 13b. MOTHER'S MAIDEN NAME Sarah Jane Sanders 14. NAME OF HUSBAND OR WIFE Mary Alice Bell

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 Mrs. Guy Rogers ADDRESS Kashkonong, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Thrombosis 10 days

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_ ANTECEDENT CAUSES \_\_\_\_\_ DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS: \_\_\_\_\_

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) (Min.) \_\_\_\_\_ 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 12-29, 1950, to 1-8, 1951, that I last saw the deceased alive on 1-7, 1951, and that death occurred at 3:15 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John R. Eulien 23b. ADDRESS P.O. 2, Thayer Mo 23c. DATE SIGNED 1-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1) 24b. DATE Jan. 10, 1951 24c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery 24d. LOCATION (City, town, or county) (State) Oregon County, Missouri

DATE REC'D BY LOCAL REG. 1-22-51 REGISTRAR'S SIGNATURE Ella Cross 46 25. FUNERAL DIRECTOR'S SIGNATURE Island Carter ADDRESS Thayer, Mo.

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

75-0  
1

SEP 8 1951

RECEIVED

JAN 24 1951

DISTRICT HEALTH OFFICE No

File No.....

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

*Richard Carter*

Signed.....

Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Thayer 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.