

FILED JUN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16184

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 497

1. PLACE OF DEATH a. COUNTY <b>SPRINGFIELD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Louisiana</b> b. COUNTY <b>Tangipahoa</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kentwood</b> <b>8170</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>6</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maxine</b>		b. (Middle)	
c. (Last) <b>Bell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 2 51</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>married</b>	8. DATE OF BIRTH <b>Aug 7, 1928</b>
9. AGE (In years last birthday) <b>22</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>In home</b>		11. BIRTHPLACE (State or foreign country) <b>Detroit, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Morris Thomas</b>	
13b. MOTHER'S MAIDEN NAME <b>Alice Ridgedell</b>		14. NAME OF HUSBAND OR WIFE <b>Gorman Bell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gorman Gill, Kentwood, Louisiana</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Contusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>	
20. AUTOPSY <b>NO</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>Highway 66 near Tabasco</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Near Tabasco Dallas Mo.</b>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>May 23 1951 3:30 p.m.</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>TWO CAR - auto accident</b>	
22. I hereby certify that I attended the deceased from <b>May 23, 1951, to June 2, 1951</b> , that I last saw the deceased alive on <b>3<sup>rd</sup> June, 1951</b> , and that death occurred at <b>4:06 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Thomas E. Ashley M.D.</b>		23b. ADDRESS <b>500 Wallard Bldg Springfield Mo.</b>	
23c. DATE SIGNED <b>6-2-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	
24b. DATE <b>June 3, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kentwood La</b>	
24d. LOCATION (City, town, or county) (State) <b>Kentwood, Louisiana</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gorman Bell Springfield, Mo</b>	
DATE REC'D BY LOCAL REG. <b>6/4/51</b>		REGISTRAR'S SIGNATURE <b>W E Hardley M.D.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 1951

RECEIVED  
DEPARTMENT OF HEALTH

STATE OF MISSOURI

NO 1000

MAR 6 1953

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 *L. Paulin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.