

FILED MAY 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17252

BIRTH NO. _____		REG. DIST. NO. 198		PRIMARY REG. DIST. NO. 4310		Registrar's No. 109	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Macon		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bevier		a. STATE Missouri		b. COUNTY Macon	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bevier		d. STREET ADDRESS (If rural, give location)		0610 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Rebecca		b. (Middle) Laura		c. (Last) Bell		4 16 51	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 5-17-67	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Hous ewife,		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alex Gilstrap		13b. MOTHER'S MAIDEN NAME Ann Andrews		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) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Bertha Kilgore		ADDRESS Bevier, Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ACUTE CEREBROVASCULAR FAILURE		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL VASCULAR ACCIDENT DUE TO (c) ARTERIO-SCLEROSIS		36 mos.		36 mos.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Feb. 1, 1951, to 4/16/1951, that I last saw the deceased alive on 4/16/1951, and that death occurred at 6 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. L. Dierker, D.O.				23b. ADDRESS Macon Mo		23c. DATE SIGNED 4/28/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-19-51		24c. NAME OF CEMETERY OR CREMATORY Eastwood Cemetery		24d. LOCATION (City, town, or county) (State) Bevier Macon Missouri	
DATE REC'D BY LOCAL REG. 5/16/51		REGISTRAR'S SIGNATURE Josephine King		397 5/16/51 Edwards		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bevier, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 5.23.51  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 5.51.81  
Date Filed 5.23.51

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 *W. E. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Bowie 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.