

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19595

State File No. _____

FILED JUN 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5157</u>		Registrar's No. <u>164</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL</u> c. LENGTH OF STAY (in this place) <u>LIFE</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 MILES WEST READSVILLE, MO.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0140</u> d. STREET ADDRESS (If rural, give location) <u>2 MILES WEST OF READSVILLE, MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IAR</u> b. (Middle) <u>M.</u> c. (Last) <u>BELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7 1951</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>JUNE 25 1865</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>D.K.</u>			13b. MOTHER'S MAIDEN NAME <u>GILLIE GILBERT</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elmer Maysin, Fulton Mo.</u> ADDRESS <u>Fulton Mo.</u>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>old age</u> DUE TO (c) <u>arteriosclerosis Kidneys & Bladder</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>tubercle</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>					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) (Min.)		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 <u>April 10, 1951</u> , to <u>May 9, 1951</u> , that I last saw the deceased alive on <u>May 9, 1951</u> , and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above. <u>442X</u>							
23a. SIGNATURE <u>L. W. Oberstrom</u> (Degree or title) <u>MO.</u>			23b. ADDRESS <u>Readsville MO.</u>		23c. DATE SIGNED <u>6/9/1951</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/9/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>READSVILLE</u>		24d. LOCATION (City, town, or county) (State) <u>CALLAWAY MO.</u>		
DATE REC'D BY LOCAL REG. <u>June 16-1951</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <u>Fulton Mo.</u>			

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

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File No. _____

DISTRICT HEALTH OFFICE NO. 4

JUN 20 1951

RECEIVED

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 Walter J. Haine, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, Me

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.