

FILED JUL 5 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19802**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 4177 Registrar's No. 8

1350  
1

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

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clarkton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Cotton Hill Twp.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home of Vera Seagraves</b>		d. STREET ADDRESS (If rural, give location) <b>Rte 2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>NORA</b>	b. (Middle) <b>ETTA</b>	c. (Last) <b>BELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 17 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 21 1900</b>	9. AGE (In years last birthday) <b>51</b> IF UNDER 1 YEAR Months <b>0</b> IF UNDER 4 HRS. Hours <b>26</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Clarkton, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Melvin Williams</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie Neeley</b>	14. NAME OF HUSBAND OR WIFE <b>Fred Bell</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Bell Malden, Missouri R.2</b>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary-Renal Anemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Not Known</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Gall Bladder Anemia</b>		
	DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT 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 6/1, 1951, to 6/17, 1951, that I last saw the deceased alive on 6/16, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm E Cochran</b> (Degree or title)	23b. ADDRESS <b>Deceased</b>	23c. DATE SIGNED <b>6/17/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 19, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Hope, Arkansas</b>
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DATE REC'D BY LOCAL REG. <b>6-23-51</b>	REGISTRAR'S SIGNATURE <b>Marguerite George</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Landess Funeral Home Campbell, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT ..... 6-25-51 .....

COUNTY FILE NUMBER 651-170 .....

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**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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.