

FILED AUG 14 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 25910

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 662		Registrar's No. 36			
1. PLACE OF DEATH a. COUNTY Stone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Reeds Springs		c. LENGTH OF STAY (In this place) 15 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Reeds Springs - mo		d. STREET ADDRESS (If rural, give location) 1040			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print)		a. (First) Cornelius		b. (Middle) Hiram		c. (Last) Bells			
4. DATE OF DEATH		Month) July		(Day) 29		(Year) 51			
5. SEX m		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct 19 - 1968			
9. AGE (In years last birthday) 87		10. MONTHS 9		11. DAYS 10		12. CITIZEN OF WHAT COUNTRY U.S.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miller		10b. KIND OF BUSINESS OR INDUSTRY Oil field		11. BIRTHPLACE (State or foreign country) Penn.		12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Marie Bells					
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 Mrs Marie Bells		ADDRESS Reeds Springs			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhoid Fever				ANTECEDENT CAUSES				10 days	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Hydro Pneumo Thorax				2 mo.	
				DUE TO (c) old age					
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 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)		040X			
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 7/25, 1951, to 7/29, 1951, that I last saw the deceased alive on 7/28, 1951, and that death occurred at 12:55 p.m., from the causes and on the date stated above.									
23a. SIGNATURE J.S. Shimmate, M.D. (Degree or title)				23b. ADDRESS Reeds Springs Mo		23c. DATE SIGNED 7/30/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 24 - 51		24c. NAME OF CEMETERY OR CREMATORY Eisenham		24d. LOCATION (City, town, or county) (State) Reeds Springs mo			
DATE REC'D BY LOCAL REG. July 30 - 51		REGISTRAR'S SIGNATURE Mrs J. Oliver Bussan		25. FUNERAL DIRECTOR'S SIGNATURE Everett J. Cheatham		ADDRESS			
		per Gene Murray 317 (Licensed Embalmer) Statement on Reverse Side							

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED: AUG 6 1951

Dist. File 851-1458

Date Filed 8-9-51

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed Everett J. Cheatham

Signed.....  
Student Embalmer

Licensed Embalmer No. 3870

P. O. Address Malena 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.