

FILED NOV 26 1951

STANDARD CERTIFICATE OF DEATH

36930
State File No. 983
Registrar's No.

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 983	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) Township) 4 Hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural		03410	
d. FULL NAME OF HOSPITAL OR INSTITUTION OZARK OSTEOPATHIC HOSPITAL				d. STREET ADDRESS (If rural, give location) Route 2			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Thomas		c. (Last) Bell		4. DATE OF DEATH (Month) (Day) (Year) 11 17 51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 7, 1930		9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Cutting wood for sale.		11. BIRTHPLACE (State or foreign country) Brixey, Mo. Ozark County		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry David Bell		13b. MOTHER'S MAIDEN NAME Pearl Hilsabeck		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Bell, Ava, Mo.		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia (Diabetic Coma) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus of DUE TO (c) Unknown cause II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X				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 11-17- , 19 51 , to 11-17- , 19 51 , that I last saw the deceased alive on 11-17- , 19 51 , and that death occurred at 7:32 a.m., from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) NO				23b. ADDRESS 700 East Sunshine Springfield, Mo.		23c. DATE SIGNED 11-17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-19-51	24c. NAME OF CEMETERY OR CREMATORY Eaton		24d. LOCATION (City, town, or county) (State) Trail, Missouri		
DATE REC'D BY LOCAL REG. 11-19-51		REGISTRAR'S SIGNATURE W. Handley		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Clinkingbeard Funeral Home, Ava, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, 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.