

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40929

State File No. \_\_\_\_\_

FILED JAN 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 163

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Harrisonville Mo</u>	c. LENGTH OF STAY (in this place) <u>10 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital Harrisonville Mo</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>LILLIE</u>	a. (First)	b. (Middle) <u>BELL</u>	c. (Last) <u>BICKEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-19-1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 11-1874</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Month Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Cass Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas Todd Maxwell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Noel</u>	14. NAME OF HUSBAND OR WIFE <u>Albert Bickel</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Allie Berkey</u>	ADDRESS <u>Kansas City Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Regurgitation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 wks.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (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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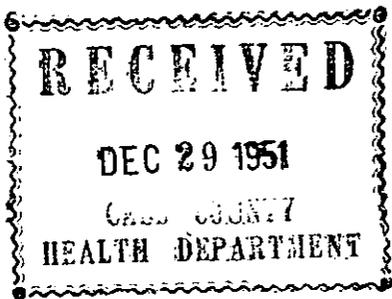
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Oct. 11, 1951, to Dec. 19, 1951, that I last saw the deceased alive on Dec. 19, 1951, and that death occurred at 11:23 pm from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Triplett M.D.</u>	23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>12-21-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cleveland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>and 1/2 mile P.E. Cleveland Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 24, 51</u>	REGISTRAR'S SIGNATURE <u>Dora Barriard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u>	ADDRESS <u>Cleveland Mo.</u>
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DEC 5 1952

**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 \_\_\_\_\_

*Geo. E. Myers*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.