

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Hampton

State File No. 26916

FILED JUL 22 1952

BIRTH NO. _____ REG. DIST. NO. 355 PRIMARY REG. DIST. NO. 4520 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Texas 1090		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Texas 1090	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Summersville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Summersville 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Josie		a. (First) b. (Middle) V. c. (Last) Bell	
4. DATE OF DEATH July 3-1952		4. DATE (Month) (Day) (Year)	
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓	8. DATE OF BIRTH Apr 29-1871
9. AGE (in years last birthday) 81		10. IF UNDER 1 YEAR: Months 2 Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Oblong, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE			
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 Lee Bell		ADDRESS Summersville, Mo	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) Chronic Valvular Disease 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4214	
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) Summersville		(COUNTY) Texas (STATE) Mo	
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 1947, to July 3, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. Haver Hamph		23b. ADDRESS Do not Summersville	
23c. DATE SIGNED July 17			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY Bell Cemetery		24d. LOCATION (City, town, or county) Summersville, Mo (State)	
DATE REC'D BY LOCAL REG. 7/19/52		REGISTRAR'S SIGNATURE Anna Roberts	
25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home		ADDRESS Mtn View, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Joe P. Duncan

Licensed Embalmer No. 4325

P. O. Address Mt View 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.