S. No. 300
v. 10.48

0510
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6639

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5599 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazel Hill Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD 4 Warrensburg

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazel Hill Rural 0510
d. STREET ADDRESS (If rural, give location): RFD 4 Warrensburg

3. NAME OF DECEASED (Type or Print)
a. (First): Benjam
b. (Middle): Franklin
c. (Last): Bell

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 4 1869

9. AGE (In years last birthday): 84
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Pettis Co. Mo. 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Robert Bell

13b. MOTHER'S MAIDEN NAME: Nannie J. Coats

14. NAME OF HUSBAND OR WIFE: Martha J. Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Elmer Bell, Warrensburg 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 5 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma right side face — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 191X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1, 1952, *to* Feb 25, 1952, *that I last saw the deceased alive on* Feb 25 1953, *and that death occurred at* 12:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Warrensburg MO
23c. DATE SIGNED: Feb 28 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-27-53
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem
24d. LOCATION (City, town, or county) (State): Warrensburg Mo.

DATE REC'D BY LOCAL REG.: Feb. 28, 1953
REGISTRAR'S SIGNATURE: Dwanna Crutchfield
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Sweeney Phillips Warrensburg

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 2 1953
JOHNSON COUNTY HEALTH DEPT.

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 J Earl Priest

Signed.....
Student Embalmer

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.