

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14870**

BIRTH NO. **FILED MAY 4 1953** REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **4275** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY Lawrence Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri. b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give town) Marionville		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN 0550	
c. LENGTH OF STAY (In this place) 8 mo.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Home for the Aged			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Franklin	c. (Last) Cell	4. DATE OF DEATH (Month) (Day) (Year) April 29, 1953
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 31, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Month 10 Day 29	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney at Law	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Franklin Co. Penn.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John W. Cell.	13b. MOTHER'S MAIDEN NAME Mary Croft	14. NAME OF HUSBAND OR WIFE Florence Cell
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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. Mary Shoup, Topeka, Kansas	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Almost 4200 long standing
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Block		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypotension DUE TO (c) gall stones suspected.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Dermatitis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 584x YES <input checked="" type="checkbox"/> NO <input 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) Marionville, Lawrence, MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR no injury
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22. I hereby certify that I attended the deceased from **Jan. 19, 1953**, to **Apr. 29, 1953**, that I last saw the deceased alive on **Apr. 29, 1953**, and that death occurred at **9:15 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stella L. Dodd M.D.	23b. ADDRESS Marionville Mo.	23c. DATE SIGNED Apr. 29 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE April 30, 1953	24c. NAME OF CEMETERY OR-CREMATORY	24d. LOCATION (City, town, or county) (State) Kansas City, Mo.
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DATE REC'D BY LOCAL REG. apr. 30 1953	REGISTRAR'S SIGNATURE Ora Mc Natt	25. FUNERAL DIRECTOR'S SIGNATURE J.B. Curridge	ADDRESS Marionville
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(Licensed Embalmer's Statement on Reverse Side)

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

550
5

ma

SEP 10 1953

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 Herman Curridge

Licensed Embalmer No. 3072

P. O. Address Marionville

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.