

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18926

State File No. _____

 BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 36

| | | | | | | | |
|--|--|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James</u> | | c. LENGTH OF STAY (In this place) <u>1 day</u> | | c. CITY OR TOWN <u>Rolla</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Soldier's Home Hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>603 East 11th Street</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SADIE</u> b. (Middle) <u>FLORENCE</u> c. (Last) <u>BELL</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1953</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>April 10, 1886</u> | |
| 9. AGE (In years last birthday) <u>67</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>---</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sandobal, Illinois</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>Thomas Houtchen</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ada</u> | | 14. NAME OF HUSBAND OR WIFE <u>Willard Bell, dec.</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elizabeth Pruitt Rolla, Mo.</u> | | | |
| 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) <u>Cardiac Decompensation</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <u>12 yrs</u> DUE TO (c) <u>Atherosclerosis</u> <u>10 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis, Chr</u> <u>2 yrs</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>443X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m. | | 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 <u>2</u> , 19 <u>46</u> , to <u>5-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-24</u> , 19 <u>53</u> and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. W. Stricker M.D.</u> | | | | 23b. ADDRESS <u>Rolla Mo</u> | | 23c. DATE SIGNED <u>5-26-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 26, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Asher Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Phelps County, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>6-2-53</u> | | REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u> | | ADDRESS <u>Rolla, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

810
5

Date Filed 6-6-53

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.....
Signature of Student Embalmer

Signed..... Paul E. Nu

Licensed Embalmer No..... 449

P. O. Address..... Rolla, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.