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

FILED AUG 28 1953

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **30751**

BIRTH NO. _____		REG. DIST. NO. <b>333</b>	PRIMARY REG. DIST. NO. <b>3074</b>	Registrar's No. <b>132</b>
1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston</b> <b>1003</b> <b>0</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Delta Community Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>248 East Gladys</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alvin</b> b. (Middle) <b>Ercle</b> c. (Last) <b>Bell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-6-1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-26-1906</b>	9. AGE (In years last birthday) <b>47</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Owner</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Perry Co., Arkansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Bell</b>		
13b. MOTHER'S MAIDEN NAME <b>Fannie B. Vaught</b>		14. NAME OF HUSBAND OR WIFE <b>Lula Ellen Taylor</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>0</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Miss Lula Bell Sikeston Mo</b>
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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung, Left</b>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid 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. <b>162X</b>		
19a. DATE OF OPERATION <b>April 25, 1953</b>		19b. MAJOR FINDINGS OF OPERATION <b>Bronchogenic carcinoma of lung, inoperable.</b>		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)		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 <b>July 30</b> , 19 <b>53</b> , to <b>Aug 5</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Aug 5</b> , 19 <b>53</b> , and that death occurred at <b>4:20 AM</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Wilson J. Squam, 0 Mrs</b>		23b. ADDRESS <b>Sikeston, Mo.</b>		23c. DATE SIGNED <b>8/8/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/7/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>
		24d. LOCATION (City, town, or county) (State) <b>Sikeston Mo.</b>		
DATE REC'D BY LOCAL REG. <b>8-19-53</b>		REGISTRAR'S SIGNATURE <b>Mrs Collat Hunter</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Welsh Funeral Home Sikeston Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 24 1953  
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 853-192

**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 Raymond Reese

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.