

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15129

State File No. \_\_\_\_\_

No. 300  
10.48  
020

FILED JUN 7 1954 REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 4471 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <i>Camden</i>			2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Camden</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Camdenton</i>		c. LENGTH OF STAY (in this place) <i>years</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Camdenton</i>		d. STREET ADDRESS (If rural, give location) <i>Gen Del</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Brown Benduce</i>			d. STREET ADDRESS (If rural, give location) <i>Gen Del</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Harold</i> b. (Middle) <i>Bell</i> c. (Last) <i>Bell</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 28-1954</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Jan 26-1926</i>		9. AGE (In years last birthday) <i>28</i> # UNDER 1 YEAR Months <i>0</i> # UNDER 2 HRS. Hours <i>0</i> Mins. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>labor</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign County) <i>Ha Ha Tonka - Camdenton, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>J C Bell</i>		13b. MOTHER'S MAIDEN NAME <i>Flora Lee Moore</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i> (If yes, give war or dates of service) <i>war II</i>	16. SOCIAL SECURITY NO. <i>490-28-2264</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Flora Bell as above</i>			
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Shock, Internal Hemorrhage</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Gun Shot wound</i> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>E983 X</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Camdenton Camden MO</i>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>May 28-1954 5:30 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>fight</i>		
22. I hereby certify that I attended the deceased from <i>May 28, 1954 to May 28, 1954</i> , that I last saw the deceased alive on <i>May 28, 1954</i> , and that death occurred at <i>5:30 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>E C Claiborne M.D.</i>		(Degree or title) <i>Camdenton Mo</i>		23c. DATE SIGNED <i>May 28-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 31-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Mary's</i>	24d. LOCATION (City, town, or county) (State) <i>Camden Co MO</i>		
DATE REC'D BY LOCAL REG. <i>June 2-1954</i>	REGISTRAR'S SIGNATURE <i>Zilpha Draw</i>		42-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Bankston-Woolery, Camdenton MO</i>	

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

1961 8 NOV

**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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.