

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		State File No. _____		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>			c. LENGTH OF STAY (In this place) <u>3 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Archie</u> <u>Mo.</u> <u>0190</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>✓</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u>			b. (Middle)		c. (Last) <u>Bell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept.</u> <u>25th.</u> <u>1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 2nd. 1869</u>		9. AGE (In years last birthday) <u>85</u>	10. UNDER 1 YEAR <u>2</u> Months	11. UNDER 1 YEAR <u>27</u> Days	12. UNDER 1 HRS. <u>Hours</u> <u>Mins.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer and Trucker (none)</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Petersburg XXXXXXXXX Ill.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Silas Bell</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Talley</u>			14. NAME OF HUSBAND OR WIFE <u>Elsie Bell</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 <u>Mrs. Elsie Bell</u>					ADDRESS <u>Archie, 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>Uremia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatic Obstruction</u>								
	DUE TO (c) <u>possibly malignancy</u>								
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION							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) <u>177X</u>				
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 <u>Sept. 22, 1954</u> to <u>Sept. 25, 1954</u> , that I last saw the deceased alive on <u>Sept. 25, 1954</u> , and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. E. Robinson M.D.</u>				23b. ADDRESS <u>Adrian, Mo.</u>			23c. DATE SIGNED <u>9-27-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 27th. 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Near Adrian, Mo.</u>			
DATE REC'D BY LOCAL REG <u>Sept. 27-54</u>		REGISTRAR'S SIGNATURE <u>Rendall Kersey</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilburno Brothers</u>			ADDRESS <u>Archie, Mo</u>	

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

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 Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Hannibal, 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.