

FILED OCT 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

|  |                               |  |   |  |   |   |                                       |                                  |
|--|-------------------------------|--|---|--|---|---|---------------------------------------|----------------------------------|
| BIRTH NO. <u>124</u>   |                               | REG. DIST. NO. <u>316</u>  |   | PRIMARY REG. DIST. NO. <u>4461</u>   |   | Registrar's No. <u>285</u>  |                                       |                                  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>   |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived at institution, residence before death)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> |   |   |                                       |                                  |
| b. CITY OR TOWN <u>Bismarck</u>  |                               | c. LENGTH OF STAY (in this place)  |   | c. CITY OR TOWN <u>Farmington</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>Pratt Nursing Home</u>  |                               |  |   | f. STREET ADDRESS (If rural, give location) <u>294 1/2</u>   |   |   |                                       |                                  |
| 3. NAME OF DECEASED<br>(Type or Print)   |                               |  | a. (First) <u>Elizabeth</u> b. (Middle) <u>Cook</u> c. (Last) <u>Bell</u> |  |   | 4. DATE OF DEATH<br>(Month) <u>Oct</u> (Year) <u>1955</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>Aug 22 1864</u>                                       |  | 9. AGE (In years last birthday) <u>91</u> | IF UNDER 1 YEAR Days <u>1</u>   | IF UNDER 24 HRS. Hours <u>15</u> Min. |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wythville Virginia</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |                                       |                                  |
| 13a. FATHER'S NAME <u>John Cook</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Margaret Stutz</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Frank Bell</u>  |   |   |                                       |                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |                               | 16. SOCIAL SECURITY NO. <u>no</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME <u>R S O'Dell</u> ADDRESS <u>Farmington Mo</u>   |   |   |                                       |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |                               |  |   | MEDICAL CERTIFICATION  |   |   |                                       | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute respiratory failure</u>  |                               |  |   | DUE TO (b) <u>Medullary failure</u>  |   |   |                                       | <u>15 min</u>                    |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  |                               |  |   | DUE TO (c) <u>Cerebral thrombosis</u>  |   |   |                                       | <u>5 days</u>                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>  |                               |  |   | <u>332X</u>  |   |   |                                       | <u>Several yr</u>                |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |  |   | 20. AUTOPSY?<br>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>8-3-55</u> , 19 <u>  </u> , to <u>10-7-55</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>10-7-55</u> , 19 <u>  </u> , and that death occurred at <u>42 p m.</u> , from the causes and on the date stated above. |                               |  |   |  |   |   |                                       |                                  |
| 23a. SIGNATURE (Degree or title) <u>R. A. Nudigat, D.O.</u>  |                               |  |   | 23b. ADDRESS <u>Bismarck, Mo.</u>  |   | 23c. DATE SIGNED <u>10-10-55</u>  |                                       |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>Oct. 10, 1955</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Old Bonne Terre Cem.</u>   |   | 24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>   |                                       |                                  |
| DATE REC'D BY LOCAL REG. <u>Oct 10, 1955</u>   |                               | REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral Home, Farmington, Mo.</u> ADDRESS   |   |   |                                       |                                  |

956. 01 907.

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.....  
Licensed Embalmer No. 408

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.