

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43498**BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **5**

1. PLACE OF DEATH <i>State Hospital, No. 703</i>				2. USUAL RESIDENCE (Where deceased lived; if institution; residence before admission)					
a. COUNTY <i>Vernon</i>				a. STATE <i>Missouri</i>		b. COUNTY <i>Cauden</i>			
b. CITY OR TOWN <i>Washington, Tenn.</i>		c. LENGTH OF STAY (in this place) <i>3 mo.</i>		c. CITY OR TOWN <i>Stoutland</i>		d. Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Nevada State Hosp. No. 3</i>				e. STREET ADDRESS (If rural, give location) <i>Rt 1 - Box 100</i>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. (Month) (Day) (Year)			
<i>Gula</i>			<i>B. Bell</i>			<i>12-30-55</i>			
6. SEX <i>M</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)			
<i>9</i>		<i>W</i>		<i>Unknown</i>		<i>67</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		
<i>Housewife</i>			<i>✓</i>		<i>Cauden Co., Mo.</i>		<i>U.S.A.</i>		
13a. FATHER'S NAME <i>Glover</i>			13b. MOTHER'S MAIDEN NAME <i>Julia A. McCamp</i>			14. NAME OF HUSBAND OR WIFE <i>Geo. A. Brown</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT'S SIGNATURE OR NAME <i>Adm. Papers</i>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Vessel Disease</i>				<i>7/24</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				13-40 days	
				DUE TO (b) <i>"Flu"</i>					
				DUE TO (c) <i>S. Cellulitis, Left Wrist</i>					
				II. OTHER SIGNIFICANT CONDITIONS					
				Conditions contributing to the death but not related to the disease or condition causing death. <i>Emil Perminich 4501</i>				<i>1/24</i>	
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) <i>Accident</i>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Field on West Hill</i>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Washington Vernon Mo.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>12 2 55-7 a.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>Rt. slipped - fell on West Hill</i>			
22. I hereby certify that I attended the deceased from <i>9-30</i> , 1955, to <i>12-30</i> , 1955, that I last saw the deceased alive on <i>12-30</i> , 1955, and that death occurred at <i>9:00 a.m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE <i>E. Allen Kuntz, M.D.</i>				23b. ADDRESS <i>Nevada Mo.</i>				23c. DATE SIGNED <i>12-30-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24b. DATE <i>1/1/56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hillhouse</i>		24d. LOCATION (City, town, or county) (State) <i>Stoutland Mo.</i>		
DATE REC'D BY LOCAL REG. <i>1-18-1956</i>			REGISTRAR'S SIGNATURE <i>Anna E. Ferry</i>			25. FUNERAL DIRECTOR'S SIGNATURE <i>Bledsoe & Simpson</i>			
			451			ADDRESS <i>Stoutland, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *James W. Wain*

Licensed Embalmer No. *446*

P. O. Address *Spring*

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