No. 300
10.48

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 112

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 6

Dodel 4

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Potts Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liberal
d. STREET ADDRESS (If rural, give location): 0260 0 home

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Louise
c. (Last): Bell

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21, 1956

5. SEX: Fe
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 8, 1878
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Douglas Co., Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Emery S. Bowen
13b. MOTHER'S MAIDEN NAME: Jennie L. Kennedy
14. NAME OF HUSBAND OR WIFE: Harry T. Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Willie Cook
ADDRESS: Lamar, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): 4500

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Generalized Arteriosclerosis — years

Conditions contributing to the death but not related to the disease or condition causing it.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from July, 1954, to Jan 21, 1956 that I last saw the deceased alive on Jan 19, 1956 and that death occurred at 1:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE: Herbert M. Arnold M.D.
(Degree or title)
23b. ADDRESS: Lamar Missouri
23c. DATE SIGNED: 1-24-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 23, 1956
24c. NAME OF CEMETERY OR CREMATORY: Barton City
24d. LOCATION (City, town, or county): Liberal (rural)
(State): Mo.

DATE REC'D BY LOCAL REG.: JAN 25 1956
REGISTRAR'S SIGNATURE: Marie Konantz
14-0
25. FUNERAL DIRECTOR'S SIGNATURE: J.M. Berkey
ADDRESS: Mulberry Kan.

(Licensed Embalmer) 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 .....
Student Embalmer

Signed J. M. Berkey

Licensed Embalmer No. 2336

P. O. Address Mulberry, Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.