

FILED FEB 15 1956

STANDARD CERTIFICATE OF DEATH

State File No. 2308

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY PHELPS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY PHELPS			
b. CITY (If outside corporate limits, write RURAL and give township) ST. JAMES		c. LENGTH OF STAY (in this place) 6 YRS		c. CITY (If outside corporate limits, write RURAL and give township) ST. JAMES			
d. FULL NAME OF HOSPITAL OR INSTITUTION 117 SCIOTA				d. STREET ADDRESS (If rural, give location) 117 SCIOTA			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) ELIZABETH BELL		c. (Last) CHAPPAL		4. DATE OF DEATH (Month) (Day) (Year) JAN 28 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 4, 1868		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. 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 _____		11. BIRTHPLACE (State or foreign country) CRAWFORD COUNTY, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME OWEN WILLIAMS		13b. MOTHER'S MAIDEN NAME MARY WILLIAMS		14. NAME OF HUSBAND OR WIFE DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME BYRON BELL SR.		ADDRESS SULLIVAN, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 1 day	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis Hypertension						
	DUE TO (a) _____ DUE TO (c) _____						
	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 4200				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 3:29 ^{10:54} to Jan 28, 1956 that I last saw the deceased alive on Jan 27, 1956 and that death occurred at 7:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Russ B. Pawelle				23b. ADDRESS St. James - MO		23c. DATE SIGNED 1-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Jan 31, 1956	24c. NAME OF CEMETERY OR CREMATORY ROMMELMAN CEMETERY		24d. LOCATION (City, town, or county) (State) BOURBON R.R.T. MO.		
DATE REC'D BY LOCAL REG. 2-8-1956		REGISTRAR'S SIGNATURE Russ B. Pawelle		25. FUNERAL DIRECTOR'S SIGNATURE H. Sullivan		ADDRESS Sullivan, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Phelps County Health Officer,

County File Number 320

Date Filed FEB 14 1956

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~~

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Harrison M. Eaton

Licensed Embalmer No. 4192

P. O. Address Sullivan, Mo

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

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