

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8993**
1242

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 20 yrs.		e. STREET ADDRESS (If rural, give location) 1010 1/2 Independence Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1010 1/2 Independence Ave.		b. 1010 1/2 Independence Avenue	

3. NAME OF DECEASED (Type or Print)	a. (First) Beulah	b. (Middle)	c. (Last) Bell	4. DATE OF DEATH (Month) (Day) (Year) Mar. 18, 1956
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5. SEX Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-17-1900	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (City and State or Foreign Country) Edwardsville, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Sam Robinson	13b. MOTHER'S MAIDEN NAME Ella White	14. NAME OF HUSBAND OR WIFE Henry Bell 1010 1/2 Independence
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Eva Morrison 581 1/2 Second ave. Michigan	ADDRESS Ypsilanti, Michigan
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 1/2
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary congestion & Edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) Arteriosclerosis		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Never Coroners, Case, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:05A m., from the causes and on the date stated above.

23a. SIGNATURE L. M. Tillman (Degree or title) Deputy Coroner	23b. ADDRESS 1618 Lydia Ave	23c. DATE SIGNED 3/20/56
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 3-24-1956	24c. NAME OF CEMETERY OR CREMATORY Franklin Cemetery	24d. LOCATION (City, town, or county) (State) Edwardsville, Kansas
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DATE REC'D BY LOCAL REG. 3-21-56	REGISTRAR'S SIGNATURE Eva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones	ADDRESS 440 State K. C., Mo.
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WRITE PLAINLY—USING UNFAADING, BLACK INK—MAKE A PERMANENT RECORD
L. M. Tillman

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 *Conrado Gladys Bal*.....

Licensed Embalmer No. *494*.....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.