

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33567**

FILED OCT 18 1956

BIRTH NO. _____ REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **4186** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY FRANKLIN	
b. CITY OR TOWN SULLIVAN (If outside corporate limits, write RURAL and give township)	c. LENGTH OF STAY (In this place) 34 YRS.	c. CITY OR TOWN SULLIVAN	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 113 DONALD (If not in hospital or institution, give street address or location)		No. STREET ADDRESS (If rural, give location) 113 DONALD 03610	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES DAVID b. (Middle) BELL c. (Last) BELL		4. DATE OF DEATH (Month) (Day) (Year) OCT. 9 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 4, 1883
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 9 Days 5	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and State or Foreign Country) STRAIN MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Daniel Bell	13b. MOTHER'S MAIDEN NAME LAVADA BLANKENSHIP	14. NAME OF HUSBAND OR WIFE FLORA BALEY	
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. 498-16-8709	17. INFORMANT'S SIGNATURE OR NAME ADDRESS FLORA BELL SULLIVAN MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 10 minute	
* 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	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
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	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) (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 10/9, 1956 to 10/9, 1956 , that I last saw the deceased alive on 10/9, 1956 , and that death occurred at 6:50 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John A. de la Rue M.D.		23b. ADDRESS Sullivan, Mo.	23c. DATE SIGNED 10/11/56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 14, 1956	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY SULLIVAN	24d. LOCATION (City, town, or county) (State) MO
DATE REC'D BY LOCAL REG. OCT. 14, 1956	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.W. Eaton Sullivan, Mo.	

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, *me* by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. A. Humphrey*

Licensed Embalmer No. *4775*

P. O. Address *Sullivan*

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.