

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 3 - 1957

State File No. 39656

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY CO. LINCOLN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Camden	c. LENGTH OF STAY (In this place) 9 YRS.	c. CITY OR TOWN Camden	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 His Home		e. STREET ADDRESS (If rural, give location) 323 E. 7th St. Room 025/0	

3. NAME OF DECEASED (Type or Print)	a. (First) Clarence	b. (Middle) Cleveland	c. (Last) Bell	4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 - 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Oct. 28 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic	10b. KIND OF BUSINESS OR INDUSTRY Automobile	11. BIRTHPLACE (City and State or Foreign Country) WINDSON - MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Bell	13b. MOTHER'S MAIDEN NAME Martha Garland	14. NAME OF HUSBAND OR WIFE MURTHE BELL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -	16. SOCIAL SECURITY NO. 495-09-2747	17. INFORMANT'S SIGNATURE OR NAME Ma Murthe Bell	ADDRESS Camden, MO
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 7 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. with Myocardial infarct		
	DUE TO (c) Atherosclerosis		
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **Sept**, 1955, to **Nov 25** 1957, that I last saw the deceased alive on **Nov 25**, 1957, and that death occurred at **1045a** m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Deaton	(Degree or title) D.O.	23b. ADDRESS Camden, Mo	23c. DATE SIGNED Nov-26-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-27-57	24c. NAME OF CEMETERY OR CREMATORY Mount Hope	24d. LOCATION (City, town, or county) (State) KANSAS CITY KANS.
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DATE REC'D BY LOCAL REG. 11-26-57	REGISTRAR'S SIGNATURE Francis D. Crawford	25. FUNERAL DIRECTOR'S SIGNATURE DeMoss & Runk	ADDRESS Camden, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

from funeral

530

DEC 11 1957

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 *J. G. M. [Signature]*

Licensed Embalmer No. *2533*

P. O. Address *Cameron, 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.