Health, & Welfare Public Service

. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-039498
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1200

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Springfield — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2430 N. Park — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield 0396 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2430 N. Park — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: WOODIE Middle: ELROY Last: BELL

4. DATE OF DEATH Month, Day, Year: December 11, 1958

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH January 9, 1886

9. AGE (In years last birthday) 72 — 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) Sheetmetal Worker

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Huntsville, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Bell

13b. MOTHER'S MAIDEN NAME Elizabeth Parker

14. NAME OF HUSBAND OR WIFE Banna Bell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Banna Bell — Address: Springfield, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
ITEM 23b, 23c, 23d CORRECTED BY AFFIDAVIT OF Registrar 1-9-59 DCL
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 1958 to 12-11-58 and last saw him alive on Dec. 8, 1958
Death occurred at 11:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS Springfield, Missouri
22c. DATE SIGNED 12-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE Dec. 15, 1958
23c. NAME OF CEMETERY OR CREMATORY Greenlawn
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR J.W.KLINGNER & CO. — ADDRESS Spgfd.Mo.
25. DATE RECD. BY LOCAL REG. 12-12-58
26. REGISTRAR'S SIGNATURE Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

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 ..... Signed Ogle Stone Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4176

P. O. Address Springfield

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.