DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-024721
STATE FILE NUMBER

FILED VS AUG 3 1959

Registration District No. 928 Primary Registration District No. 2000 Registrar's No. 764 A

1. PLACE OF DEATH a. COUNTY Greene	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b 10 yrs.	c. CITY OR TOWN Springfield — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2147 N. Travis — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 2147 N. Travis — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Maud	Middle: May	Last: Bell	4. DATE OF DEATH	Month: July Day: 16, Year: 1959
5. SEX: Female	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 5-10-1879	9. AGE (last birthday): 80	IF UNDER 1 YEAR: Months / Days — IF UNDER 24 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: Home	11. BIRTHPLACE (City and state or country): Webster County, Mo.	12. CITIZEN OF WHAT COUNTRY: U. S. A.		
13a. FATHER'S NAME: Warren Elliott	13b. MOTHER'S MAIDEN NAME: Mary Jane McCracken	14. NAME OF HUSBAND OR WIFE: John A. Bell			
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.: None	17. INFORMANT: Mrs. Gladys Ramey-Springfield, Mo.	Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Prob. cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: sudden

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): Never saw patient before

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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.)

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 never, to dead when and last saw her alive on I arrived

Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Henry F. Knabb Jr., MD	22b. ADDRESS: 1630 N. Jefferson Springfield, Mo.	22c. DATE SIGNED: July 22/59	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 7-19-1959	23c. NAME OF CEMETERY OR CREMATORY: Mission Chapel Cem.	23d. LOCATION (City, town, or county) (State): near Elkland, Missouri
24. FUNERAL DIRECTOR — ADDRESS: Rex Rainey-Springfield, Mo.	25. DATE RECD. BY LOCAL REG.: 7-29-59	26. REGISTRAR'S SIGNATURE: Effie S. Melton	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by ----------, Student Embalmer No. -----

working under my personal supervision.

Student ----------
Signature of Student Embalmer

Signed Ley Tainey

Licensed Embalmer No. 3312

P. O. Address Springfield,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.