JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN – 5 1960

'59 046622 STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 4545 Registrar's No. 61

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHFIELD — Length of stay in 1b 24 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY WEBSTER
c. CITY OR TOWN MARSHFIELD Mo — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First OREN Middle O Last BELL
4. DATE OF DEATH Month DEC Day 24 Year 1959
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 9-19-1884
9. AGE (last birthday) 75
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) RET. FARMER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MISSOURI
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME JOHN BELL
13b. MOTHER'S MAIDEN NAME JOSEPHINE HUNT
14. NAME OF HUSBAND OR WIFE —
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. —
17. INFORMANT OSCAR PRICE Address MARSHFIELD

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) Arteriosclerotic Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Diabetes Mellitus, Severe — 10 yrs or more
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (Arrested) Tuberulosis, Pulmonary
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 1929 to Dec. 23 and last saw ~~her~~ him alive on Dec. 23, 1959
Death occurred at 3:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. P. MacDonnell M.D. (Degree or title)
22b. ADDRESS Marshfield, Mo.
22c. DATE SIGNED 12/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-27-1959
23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD
23d. LOCATION (City, town, or county) MARSHFIELD (State) Mo
24. FUNERAL DIRECTOR BARBER-EDWARDS ADDRESS MARSHFIELD
25. DATE RECD. BY LOCAL REG. 12-30-59
26. REGISTRAR'S SIGNATURE J. F. Kramer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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