

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016601

FILED VS APR 25 1960

2. 4130

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

1. PLACE OF DEATH a. COUNTY X			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 2 hrs. 37"	c. CITY OR TOWN Imperial		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Booth Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS R.R. #2 Box 166		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Vickay Faye Bell			4. DATE OF DEATH Month Day Year April 14 1960		
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APR 14, 1960	9. AGE (last birthday) IF UNDER 1 YEAR Months Days 2 37	IF UNDER 24 HR Hours Min 2 37
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Benton Vernon Bell		13b. MOTHER'S MAIDEN NAME Ruth Ann Wagner		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Benton V. Bell		Address R.R. # 2, Box 166 Imperial, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anencephaly					INTERVAL BETWEEN ONSET AND DEATH birth,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 750x					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Club feet, Congenital atelectasis				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 on April 14, 1960 to _____ and last saw her April 14, 1960 alive on _____ Death occurred at 9:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Leroy E. Ellison M.D.			22b. ADDRESS 3610 So Broadway St Louis Mo		22c. DATE SIGNED 4/14/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE APR 14-60	23c. NAME OF CEMETERY OR CREMATORY BURGESS Crematory	23d. LOCATION (City, town, or county) (State) ANTONIA Mo		
24. FUNERAL DIRECTOR HEILIGTAG		ADDRESS IMPERIAL Mo	25. DATE RECD. BY LOCAL REG. APR 14 1960	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.	

MJB

DOCUMENT

MEDICAL CERTIFICATION

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 _____, Student Embalmer No. _____

or by _____, _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Not Embalmed
Arthur W. Healyton

Licensed Embalmer No. 3872

P. O. Address Imperial 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.