

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 7 1960

60-023007

STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 4233 Registrar's No. 11

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Howell</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Willow Springs</i>		a. STATE <i>Mo.</i>		b. COUNTY <i>Howell</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>home</i>		Length of stay in 1b Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Willow Springs</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			Month Day Year	
First Middle Last <i>Nelson H. Bell</i>			<i>May 28</i>			<i>1960</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9/17/88</i>	9. AGE (last birthday) <i>71</i>	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) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Bunker Hill Mo</i>		11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <i>W. M. Bell</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Hackworth</i>		14. NAME OF HUSBAND OR WIFE <i>Mabel Bell</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give way or dates of service) <i>yes</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Mabel Bell, Willow Springs, Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Cardiac Decompensation</i>							
DUE TO (b) <i>with generalized Arteriosclerosis</i>							
DUE TO (c) <i>and Cerebral Arteriosclerosis</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 from <i>June 1, 1957</i> to <i>28-5-60</i> and last saw <sup>her</sup> him alive on <i>9 May 1960</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS <i>West Plains, Mo</i>		22c. DATE SIGNED <i>1 June 60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>6/11/1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mtn. Olive</i>		23d. LOCATION (City, town, or county) (State) <i>Mtn. View, Mo.</i>		
24. FUNERAL DIRECTOR ADDRESS <i>Duncan Funeral Home, Mtn. View, Mo</i>			25. DATE RECD. BY LOCAL REG. <i>6/15/60</i>		26. REGISTRAR'S SIGNATURE <i>Margie Cross</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 - 2 700 SA

JUL 8 1960

**STATEMENT BY LICENSED EMBALMER**

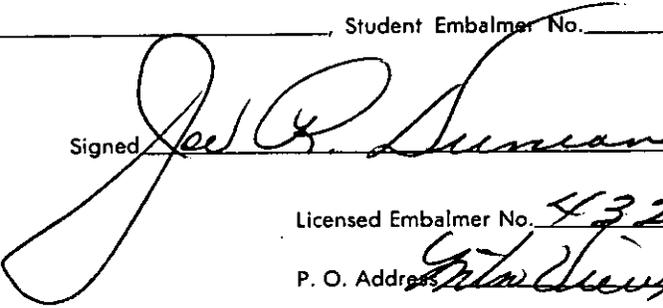
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 432

P. O. Address Yonkers, N.Y.

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