

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031871

FILED VS SEP 14 1960

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8828

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

IDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i>		Length of stay in 1b <i>40 year</i>	c. CITY OR TOWN <i>St Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4408 Elembank st</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>4408 Elembank</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>Mable</i> Middle <i>Bell</i> Last <i>Bell</i>			4. DATE OF DEATH Month <i>9</i> Day <i>5</i> Year <i>60</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</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>10-2nd/1922</i>	9. AGE (last birthday) <i>37</i>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maid</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Fairmont Hotel</i>	11. BIRTHPLACE (City and state or country) <i>Marriott, Ark.</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>	

13a. FATHER'S NAME <i>Ben Curry</i>		13b. MOTHER'S MAIDEN NAME <i>Ella Yancy</i>		14. NAME OF HUSBAND OR WIFE <i>Benjamin H Bell</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Hazel Robinson Little Rock</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypertrophied heart left</i> DUE TO (b) <i>kidney</i> DUE TO (c) <i>180x</i>			INTERVAL BETWEEN ONSET AND DEATH <i>9 mos</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 checked="" 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

I attended the deceased from *1957* to *9-5-1960* and last saw her alive on *9-5-1960*  
 Death occurred at *7 P.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE <i>[Signature]</i>	(Degree or title) <i>MA</i>	22a. ADDRESS <i>520 St. Francis</i>	22c. DATE SIGNED <i>9-8-60</i>
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23a. BURIAL, CREMATION, or other disposition <i>Buried in crypt</i>	23b. DATE <i>9-8, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Marriott</i>	23d. LOCATION (City, town, or county) (State) <i>Franklin</i>
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24. FUNERAL DIRECTOR <i>W.B. and J.S. Franklin</i>	25. DATE REC'D. BY LOCAL OFF. <i>SEP 8 1960</i>	26. REGISTRAR'S SIGNATURE <i>Edan Smith, M.D.</i>
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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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Leroy E. Farris*

Licensed Embalmer No. 4523

P. O. Address 4251 Wae

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.