

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005155

STATE FILE NUMBER

AMENDED

Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 5

FILED JAN 25 1962

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parma, R. 1		Length of stay in lb 3yr.		b. CITY OR TOWN Parma, R. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural R. 1.	
3. NAME OF DECEASED (Type or print) First Rubin Middle xx xx Last Bell				4. DATE OF DEATH Month Jan Day 10 Year 1962			
5. SEX Male		6. COLOR OR RACE Colored		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6, 9, 1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXXXXX		10b. KIND OF BUSINESS OR INDUSTRY Common labor		9. AGE (last birthday) 80		11. BIRTHPLACE (City and state or country) Mississippi	
13a. FATHER'S NAME Ike Bell				13b. MOTHER'S MAIDEN NAME Caline Bell		12. CITIZEN OF WHAT COUNTRY U, S, A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				14. NAME OF HUSBAND OR WIFE Rosie Bell		17. INFORMANT Address Rosie Bell Parma, Mo. R. 1.	
16. SOCIAL SECURITY NO. xxxxx				18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Inf., old age 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)				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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 2/22/61 to Apr. 7/61 and last saw her/him alive on 4/7/61 Death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Dr. Geo. H. Husted, M.D.			
22b. ADDRESS Parma, Mo		22c. DATE SIGNED 1/11/62					
23a. BURIAL, CREMATION, REMOVAL (Specify) 1.13.1962		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY Smith West End Court West of Sikeston, Mo.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR ADDRESS Smith Funeral Home Sikeston, Mo.				25. DATE RECD. BY LOCAL REG. 1-20-62		26. REGISTRAR'S SIGNATURE Arvid S. Leggett	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2562 9 8 NOV 54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Fred G. Smith*
Licensed Embalmer No. 4408

P. O. Address *Sikeston, 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.