

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005561
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 154

AMENDED

FILED FEB 19 1962

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| 1. PLACE OF DEATH a. COUNTY <i>Buchanan</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Buchanan</i> | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Joseph</i> | | Length of stay in 1b <i>25 years</i> | c. CITY OR TOWN <i>St. Joseph</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>4006 Terrace Ave.</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <i>4006 Terrace Ave.</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <i>Harry</i> Middle <i>William</i> Last <i>Bell</i> | | | 4. DATE OF DEATH Month <i>February</i> Day <i>7</i> Year <i>1962</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>Nov. 21, 1892</i> | 9. AGE (last birthday) <i>69</i> | IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> | IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/> |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. Conductor</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>C.B. & Q Railroad</i> | 11. BIRTHPLACE (City and state or country) <i>Chariton, Iowa</i> | 12. CITIZEN OF WHAT COUNTRY <i>USA</i> |
| 13a. FATHER'S NAME <i>Henry Bell</i> | | 13b. MOTHER'S MAIDEN NAME <i>Mary Purse</i> | | 14. NAME OF HUSBAND OR WIFE <i>Louise Bell</i> |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i> | | 16. SOCIAL SECURITY NO. <i>W.W. 9</i> | 17. INFORMANT <i>59 Mrs. Louise Bell 4006 Terrace Ave.</i> |
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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatosis due to</i> DUE TO (b) <i>Carcinoma of the lung</i> DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerotic Heart Disease</i> | | 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 | |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ s.m. _____ p.m. _____ | Month, Day, Year _____ |
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| 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 _____ |
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21. I attended the deceased from *April 1956* to *Feb 7, 1962* and last saw him alive on *Jan 12, 1962*
Death occurred at *10:30 a* m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>Martin A Christ MD</i> | (Degree or title) | 22b. ADDRESS <i>606 King Hill Ave.</i> | 22c. DATE SIGNED <i>2-12-62</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>Feb. 9, 1962</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>St. Joseph, Mo.</i> |
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| 24. FUNERAL DIRECTOR <i>Clark Funeral Home</i> | ADDRESS <i>St. Joseph, Mo.</i> | 25. DATE REC'D. BY LOCAL REG. <i>Feb 13, 1962</i> | 26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Woodell</i> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF
 MARTIN H. CHRIST, M.D.

FEB 19 1962

FEB 20 1962

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 Evan A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph

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.