

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024920

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 176 Primary Registration District No. 0267 Registrar's No. 17

STATE FILE NUMBER

FILED JUL 16 1963

VS-300
Rev. 4/59

1 0540
2 0540
3 2
4 0
5 1
6
7 0
8 2
9 94200
10
11 1290-0
12 131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Odessa		c. CITY OR TOWN Odessa	
Length of stay in 1b 33 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 E. Mason		d. STREET ADDRESS (If outside, give location) 408 E. Mason	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mannie L. Bell			4. DATE OF DEATH Month Day Year July 10 1963
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/7/1887
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Corder, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Manlies Bell	
13b. MOTHER'S MAIDEN NAME Betty Doak		14. NAME OF HUSBAND OR WIFE Bessie Catherine Crouch	
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. 68	17. INFORMANT Address Mrs. Bessie C. Bell, Odessa, Mo.
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema DUE TO (b) Cardiac Decompensation DUE TO (c) Arterio Sclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 10 months Approx. 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: Chronic Passive Congestion of Liver			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 from 11-2-62 to 7-10-63 and last saw him alive on 7-10-63 . Death occurred at 2:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wayne Boydston MD		22b. ADDRESS Odessa, Missouri	22c. DATE SIGNED 7-10-63
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7-12-1963	23c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery	23d. LOCATION (City, town, or county) (State) Odessa, Lafayette, Mo.
24. FUNERAL DIRECTOR ADDRESS Ralph O. Jones, Odessa, Mo.		25. DATE RECD. BY LOCAL REG. 7-11-63	26. REGISTRAR'S SIGNATURE Ernest Davidson

USE BLACK INK OR TYPEWRITER RIBBON

9981 9177005

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

Ralph O. Jones

Licensed Embalmer No. 4604

P. O. Address Odessa, 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.