

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036598
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 431

FILED SEP 24 1963

DO NOT WRITE ON THIS STUD
AMENDED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown		Length of stay in 1b 10 yrs.	c. CITY OR TOWN Raytown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10624 E. 60th Terrace		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10624 E. 60 Terr. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elmer Middle D. Last Bell			4. DATE OF DEATH Month September Day 16 Year 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 June 9, 1913
9. AGE (last birthday) 50		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervision		10b. KIND OF BUSINESS OR INDUSTRY B. O. P. Plant	11. BIRTHPLACE (City and state or country) Kansas
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Norman Bell	
13b. MOTHER'S MAIDEN NAME Cleota Dexter		14. NAME OF HUSBAND OR WIFE Mary H. Bell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W. W. II		16. SOCIAL SECURITY NO. 17. INFORMANT Mary H. Bell, 10624 E. 60th Terr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerotic coronary heart disease			7 years?
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 _____ 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 28 May 1966 to 16 Sept 63 and last saw ^{him} alive on 22 June 1963 Death occurred at 11:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Jack M. Davis M.D.		22b. ADDRESS Raytown Mo	22c. DATE SIGNED 17 Sept 63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-19-63	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	
23d. LOCATION (City, town, or county) Kansas City, Mo.		24. FUNERAL DIRECTOR Stine & McClure Kansas City, Missouri	
25. DATE RECD. BY LOCAL REG. 9-18-63		26. REGISTRAR'S SIGNATURE Alba R. Craig	

VS 300 Rev. 4/59
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 26 1963

11:00 - 12:00 - 1:30 - 5:00
AL 6-1060
AL Young
9406 E 63rd

9-18-63
1-0
1084

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 Richard L Powers

Licensed Embalmer No. 5190

P. O. Address Kansas City, 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.