

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30881

State File No.

BIRTH NO. REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY MONITEAU

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY MONITEAU

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA 0681

d. FULL NAME OF HOSPITAL OR INSTITUTION Home Hy 50 East

d. STREET ADDRESS (If rural, give location) HY 50, EAST

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) DUNCAN c. (Last) BELL

4. DATE OF DEATH (Month) (Day) (Year) SEPT. 17, 1951

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH APR. 2, 1894

9. AGE (In years last birthday) 57

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

11. BIRTHPLACE (State or foreign country) FERRIS, TEXAS

12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Wm. Alexander Duncan

13b. MOTHER'S MAIDEN NAME Nancy Mahlay Noble

14. NAME OF HUSBAND OR WIFE Wm. Lloyd Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. Lloyd Bell, California, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema
ANTECEDENT CAUSES DUE TO (b) Diabetic Coma
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) California Moniteau Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15 1951, to Sept. 17 1951, that I last saw the deceased alive on Sept. 17, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Bavin S.O.

23b. ADDRESS 2 California, Mo

23c. DATE SIGNED 9/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/18/51

24c. NAME OF CEMETERY OR CREMATORY City Cemetry (new)

24d. LOCATION (City, town, or county) (State) California, Moniteau, Mo.

DATE REC'D BY LOCAL REG. 9-18-51

REGISTRAR'S SIGNATURE H. R. Popszoy

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, CALIFORNIA, MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-25-51 _____

DEC 24 1952

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Hugh E. Williams

Signed _____

Student Embalmer

Licensed Embalmer No. 3537

P. O. Address California 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 this body is not embalmed, fact should be so stated above.