

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12753

BIRTH NO. _____		REG. DIST. NO. <u>80</u>		PRIMARY REG. DIST. NO. <u>5307</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eohman- Rural Moreau</u>		c. LENGTH OF STAY (in this place) <u>1 yr. 7 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lohman-Rural- Moreau</u>		260	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>Northeast of Russellville, Mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Lloyd</u>		c. (Last) <u>Bell</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 17 1893</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>8</u>		11. DAYS <u>1</u>		12. HOURS <u>1</u> MIN. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad Engineer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Gallinas, Texas</u>			
13a. FATHER'S NAME <u>Ruben Van Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kelso</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Willa Mae Bell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>709-18-4204</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Willa Mae Bell- Lohman, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>Myocardial Infarction</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>1 year</u> <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Apr. 18, 1956</u> , that I last saw the deceased alive on <u>Apr. 18, 1956</u> , and that death occurred at <u>10:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. M. Eubank</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Russellville Mo</u>		23c. DATE SIGNED <u>4-21-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-21-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>California, Mo</u>		24d. LOCATION (City, town, or county) (State) <u>Highway 50 East- California</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 21</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hitt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Schubert</u>		ADDRESS <u>Russellville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 17 1956

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. ~~1820~~

working under my personal supervision.

Student
Student Embalmer

Signed Hugo W. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, 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.