

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22665

FILED JUL 13 1953

940

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 239

1. PLACE OF DEATH a. COUNTY St. Francois County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Desloge,	
c. LENGTH OF STAY (In this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 809 N. Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 809 N. Main Street			

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle) Fred	c. (Last) Bell	4. DATE OF DEATH (Month) (Day) (Year) July 1 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) xxxxxx Married	8. DATE OF BIRTH Sept. 20, 1887	9. AGE (In years last birthday) 65	10. UNDER 1 YEAR 9 Months 11 Days	11. UNDER 24 HRS. 0 Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Miner	10b. KIND OF BUSINESS OR INDUSTRY Lead Company	11. BIRTHPLACE (City and State or Foreign Country) Salem, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME William Bell	13b. MOTHER'S MAIDEN NAME Mary Mackey	14. NAME OF HUSBAND OR WIFE Della Bell
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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. 490-03-2347	17. INFORMANT'S SIGNATURE OR NAME Mrs. Della Bell Desloge, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prostate Gland Carcinoma Rectum		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 154X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May, 1953, to July 1, 1953, that I last saw the deceased alive on 7-1-53 1953, and that death occurred at 5:40 am., from the causes and on the date stated above.

23a. SIGNATURE H C Koedel M.D. (Degree or title)	23b. ADDRESS Desloge Mo	23c. DATE SIGNED 7-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/3/53	24c. NAME OF CEMETERY OR CREMATORY Workman Cemetery	24d. LOCATION (City, town, or county) (State) St. Francois, Mo.
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DATE REC'D BY LOCAL REG. July 6, 1953	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son	ADDRESS Desloge, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1 1963

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 _____

Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Seaside, Mo

Note: This 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.