

FILED FEB 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3958

Do not use this space.

1. PLACE OF DEATH
Schuyler

(a) County

(b) Township

(c) City

Lancaster, Mo.

(d) Street No.

Registration District No. 803

Primary Registration District No. 4484

Registered No. 77

(e) Length of residence in city or town where death occurred

25 If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U.S., if of foreign birth?

2. PRINT FULL NAME Edward Thomas Bellinger

(a) Residence, No

Lancaster

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Orra Bellinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

March, 21, 1850

7. AGE

YEARS

89

MONTHS

9

DAYS

19

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

FATHER

13. NAME

Simcoe Bellinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

MOTHER

15. MAIDEN NAME

Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ind.

17. INFORMANT (ADDRESS)

J. A. Riley
Lancaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Downing No.

DATE

Jan. 12

1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Moreheads'
Lancaster, Mo.

20. FILED

Jan. 12

1940

Byrdie H. Drake
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan. 10 1940

22. I HEREBY CERTIFY, That I attended deceased from

Nov. 10 1940 to Jan 10 1940

I last saw him alive on Jan 10 1940

Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Septicemia of age

Date of onset

Other contributory causes of importance:

Arteriosclerosis
Myocarditis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

RECEIVED

District Health Officer No. 10

District File Number 2-40-257

Date Filed FEB 9 1940

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, _____

True & Minnie Morehead, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Morehead

Licensed Embalmer No. 73I-3680

P. O. Address Lancaster, 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, above space should be left blank.