

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1736

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 3036		Registrar's No. 57	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Lawrence		b. CITY OR TOWN Aurora		a. STATE Missouri		b. COUNTY Lawrence	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township)		57	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 408 North McNatt				d. STREET ADDRESS (If rural, give location) 408 North McNatt			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) Laura	b. (Middle) ETTA	c. (Last) Bellis	(Month) Jan	(Day) 13	(Year) 1948	F	W
6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH SEPT 16 - 1883	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) PENN		12. CITIZEN OF WHAT COUNTRY U. S. A. Lawrence	
13a. FATHER'S NAME HENRY CROOP		13b. MOTHER'S MAIDEN NAME OPALINE M. COVERT		14. NAME OF HUSBAND OR WIFE John Bellis			
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.		17. INFORMANT'S SIGNATURE OR NAME John Bellis		ADDRESS Aurora 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		ANTECEDENT CAUSES					
Morbidity 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. Myocarditis					
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) Aurora Lawrence Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Aug 1 1948 to Jan 13 1949, that I last saw the deceased alive on Jan 2 1949, and that death occurred at 9:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE W. H. Hoover M.D.				23b. ADDRESS Aurora, Mo		23c. DATE SIGNED Jan 14 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/16/49	24c. NAME OF CEMETERY OR CREMATORY ORANGE		24d. LOCATION (City, town, or county) (State) Aurora Mo 5 MILES NORTH		
DATE REC'D BY LOCAL REG. Jan 16 - 49		REGISTRAR'S SIGNATURE Orsa McNatt 1949		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Aurora Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 6
License No. 249-145
Date Filed 2-2-49

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Robert L. Marshall

Signed _____
Student Embalmer

Licensed Embalmer No. 3812

P. O. Address Essex, Md

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.