

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1943

State File No. _____

Registrar's No. _____

FILED FEB 14 1949

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4347</u>									
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u> c. LENGTH OF STAY (In this place) <u>87 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Middletown</u> d. STREET ADDRESS (If rural, give location) _____									
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>JANE</u> c. (Last) <u>BELOT</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>3</u> <u>1949</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Feb 8, 1862</u>		9. AGE (In years last birthday) <u>87</u> # UNDER 1 YEAR Months _____ # UNDER 1 MONTH Days _____ # UNDER 1 MIN. Hours _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Lincoln Co Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Nelson Emerson</u>				13b. MOTHER'S MAIDEN NAME <u>Eleanor Davidson</u>				14. NAME OF HUSBAND OR WIFE <u>Joseph Belot</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. J. H. Graham</u>				ADDRESS <u>Middletown</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular - Renal Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arthritis</u>								INTERVAL BETWEEN ONSET AND DEATH <u>15 yrs</u>	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Middletown, Montg. Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> _____				21f. HOW DID INJURY OCCUR? <u>2/4/49</u>					
22. I hereby certify that I attended the deceased from <u>Feb 3, 1949</u> , to <u>Feb 3, 1949</u> , that I last saw the deceased alive on <u>Feb 3, 1949</u> , and that death occurred at <u>12:50 P.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>H. R. Titus D.O.</u>				23b. ADDRESS <u>Middletown, Mo.</u>				23c. DATE SIGNED <u>Feb. 5/49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>Feb 5 1949</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Middletown Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Middletown Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 5 - 1949</u>				REGISTRAR'S SIGNATURE <u>Joe F. Chapman</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Kline</u>				ADDRESS <u>Wellsville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.