

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7595

State File No. _____

FILED APR 11 1950

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|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>32</u> | | PRIMARY REG. DIST. NO. <u>5111</u> | | Registrar's No. <u>38</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>BOHNINGER</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL (1/2 MILE OF HAWN)</u> c. LENGTH OF STAY (in this place) <u>10 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SCHALL NURSING HOME, HAWN, MO</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>CHAFFEE</u> d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) <u>—</u> c. (Last) <u>BELLES</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 31, 1950</u> | | 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u> | | 8. DATE OF BIRTH <u>JUNE 16, 1867</u> | | 9. AGE (In years last birthday) <u>82</u> | | 10. IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>LAWRENCE COUNTY, ILLINOIS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>WHITNEY BELLES</u> | | 13b. MOTHER'S MAIDEN NAME <u>HARRIETT LEE</u> | |
| 14. NAME OF HUSBAND OR WIFE _____ | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ray Lucas</u> ADDRESS <u>Jefferson City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</u> 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. <u>Influenza</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4274</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) _____ | | 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 <u>3/1</u> , 19 <u>50</u> , to <u>3/31</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3/22</u> , 19 <u>50</u> , and that death occurred at <u>8 a</u> m., from the causes and on the date stated above. | | 23a. SIGNATURE <u>Dr. Cline</u> (Degree or title) <u>M.D.</u> | |
| 23b. ADDRESS <u>Oran Mo</u> | | 23c. DATE SIGNED <u>4/7/50</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>APRIL 1, 1950</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>FRIENDS CEMETERY</u> | | 24d. LOCATION (City, town, or county) <u>ORAN</u> (State) <u>MISSOURI</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie Paul Dinkins</u> ADDRESS <u>Jefferson City, Mo</u> | | DATE REC'D BY LOCAL REG. <u>April 4, 1950</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 8 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-520

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 _____

Oliver C. Appiah

Licensed Embalmer No. 4470

P. O. Address _____

Illmo, 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.