

FILED JUN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20077**
2516

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2516
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) Jopling & Gladstone		
3. NAME OF DECEASED (Type or Print) a. (First) Emil		b. (Middle)		c. (Last) Belaen
4. DATE OF DEATH (Month) (Day) (Year) 6 5 50		5. SEX M 6. COLOR OR RACE W		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 7-16-1883		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landowner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Belgium
12. CITIZEN OF WHAT COUNTRY? --		13a. FATHER'S NAME Belaen		
13b. MOTHER'S MAIDEN NAME Van		14. NAME OF HUSBAND OR WIFE Lena Belaen Dec		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 494-30-9756		17. INFORMANT'S SIGNATURE OR NAME Miss Mary Belaen Jopling & Gladstone
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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the rectum		INTERVAL BETWEEN ONSET AND DEATH
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.		154X
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) 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 May 26, 1950 , to June 5, 1950 , that I last saw the deceased alive on June 5, 1950 , and that death occurred at 12:10A m. , from the causes and on the date stated above.				
23a. SIGNATURE B. J. Burns (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 6-5-60
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6-7-50		24c. NAME OF CEMETERY OR CREMATORY St. Marys
24d. LOCATION (City, town, or county) (State) K. C. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil ADDRESS K. C. Mo.		
DATE REC'D BY LOCAL REG. 6-6-50		REGISTRAR'S SIGNATURE Margalaine Holman		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr James

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 *John P. Shul*
Licensed Embalmer No. *3625*
P. O. Address *J. C. 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.