No. 300
10.48

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

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24421

BIRTH NO. _____ REG. DIST. NO. 6301 PRIMARY REG. DIST. NO. 6033 Registrar's No. 141

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gatewood Mo. Rt I
c. LENGTH OF STAY (In this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gatewood 1910
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Elizabeth
c. (Last): Bellah

4. DATE OF DEATH (Month) (Day) (Year): May 18 1950

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 7
8. DATE OF BIRTH: March 10 1866
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 2, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oregon Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Bill Phillips
13b. MOTHER'S MAIDEN NAME: Betty Stubblefield
14. NAME OF HUSBAND OR WIFE: Jerome Bellah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Birdie Yarber — **ADDRESS**: Gatewood 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — 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) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* JAN., 1948, *to* 10 MAY, 1950, *that I last saw the deceased alive on* 8 MAY, 1950, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W Kolze M.D. (Degree or title)
23b. ADDRESS: Doniphan, Mo.
23c. DATE SIGNED: 6 June 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19 1950
24c. NAME OF CEMETERY OR CREMATORY: New Home
24d. LOCATION (City, town, or county) (State): Near Tucker, Mo.

DATE REC'D BY LOCAL REG.: 7-11-50
REGISTRAR'S SIGNATURE: E. O. Johnston 277
25. FUNERAL DIRECTOR'S SIGNATURE: M. C. McNabb — **ADDRESS**: Pocahontas, Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 7 1950
District Health Office No. 6,
District File Number _____
Date Filed _____

This body was Not Embalmed, M.C. McNabb

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 Milton C. McNabb

Licensed Embalmer No. 680 Arkansas

P. O. Address Rochester, Ark

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.