

FILED JAN 8 1951

THE DIVISION OF HEALTH OF THE STATE OF NEVADA  
STANDARD CERTIFICATE OF DEATH

State File No. 43371

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo -</u> b. COUNTY <u>Vernon -</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada -</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801. N. Washington</u>		d. STREET ADDRESS (If rural, give location) <u>801. N. Washington</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert LeRoy -</u> b. (Middle) <u>Belknap -</u> c. (Last) <u>Belknap -</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 24 - 50</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 17, 1893</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR: Months <u>10</u> Days <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Car. Dealer -</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retail -</u>		11. BIRTHPLACE (State or foreign country) <u>Mo -</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>E. W. Belknap -</u>		13b. MOTHER'S MAIDEN NAME <u>Alexis Ann Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Angela Belknap - Nevada</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms Angela Belknap, Nevada, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>about 10 yrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension and heart disease</u> <u>Hypertensive</u> DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>			

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 12-24, 1950, to 12-24, 1950, that I last saw the deceased alive on 12-24, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. L. Martin M.D.</u>		23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>12-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary -</u>	
				24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>	

DATE REC'D BY LOCAL REG. <u>Dec. 30 - 50</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Nancy</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carlsberg Funeral Home Nevada Mo</u>	
----------------------------------------------	--	-----------------------------------------------	--	------------------------------------------------------------------------------	--

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

No. 360  
10. 48  
10. 22

DIVISION OF HEALTH OF MD.

District No. 5 - Springfield

RECEIVED JAN 3 1951

Dist. File 157-21

Date Filed 1-4-51

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

*Mark Eeitzer*

Licensed Embalmer No.

*2656*

P. O. Address

*Nebraska, 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.