

BIRTH NO.		REG. DIST. NO.		10. PRIMARY REG. DIST. NO.		3002		Registrar's No.		10													
1. PLACE OF DEATH a. COUNTY <u>Andrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrain</u>																			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>				c. LENGTH OF STAY (In this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEXICO</u> <u>0043</u>																			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MEXICO GENERAL HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>500 East Liberty</u>																			
3. NAME OF DECEASED (Type or Print) <u>ETHEL</u>				a. (First) <u>BELL</u>				b. (Middle) <u>BELTS</u>				c. (Last)											
5. SEX <u>FEMALE</u>				6. COLOR OR RACE <u>WHITE</u>				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>				8. DATE OF BIRTH <u>SEPT 2, 1896</u>											
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>				11. BIRTHPLACE (State or foreign country) <u>LINCOLN Co. MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>											
13a. FATHER'S NAME <u>JOE SHEETS</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				14. NAME OF HUSBAND OR WIFE <u>WM A. BELTS</u>				14. ADDRESS <u>Mexico</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>—</u>				17. INFORMANT'S SIGNATURE OR NAME <u>WM A. BELTS</u>				ADDRESS <u>Mexico</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>Carcinoma of Stomach &amp; Gall bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cholecystitis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH  <u>156A</u>											
19a. DATE OF OPERATION <u>Jan 8 - 1951</u>				19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Stomach &amp; Gall bladder</u>								20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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. HOW DID INJURY OCCUR?											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>—</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?				21g. HOW DID INJURY OCCUR?											
22. I hereby certify that I attended the deceased from <u>Oct 1950</u> to <u>Jan 28, 1951</u> , that I last saw the deceased alive on <u>Jan 16</u> , 1951, and that death occurred at <u>3 A M</u> , from the causes and on the date stated above.												23a. SIGNATURE <u>R M Law</u> (Degree or title)				23b. ADDRESS <u>Mexico MO</u>				23c. DATE SIGNED <u>1-25-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>RURAL</u>				24b. DATE <u>1-23-51</u>				24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Mem Park</u>				24d. LOCATION (City, town, or county) (State) <u>MEXICO MO</u>											
DATE REC'D BY LOCAL REG. <u>Jan 23 - 1951</u>				REGISTRAR'S SIGNATURE <u>Blanche Keely</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas Arnold</u>				ADDRESS <u>Merino</u>											

(Licensed Embalmer's Statement on Reverse Side)

JAN 31 1951

Date Received: JAN 30 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-51-156  
Date Filed:

JAN 30 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Charles V. Greening*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4628*

P. O. Address *Mexico 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.