

FILED JAN 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1708

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4276 Registrar's No. 35

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pierce City</u> 0550	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>601 MAIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 main</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Many</u> b. (Middle) <u>(None)</u> c. (Last) <u>Belt</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-11-51</u>	
5. SEX <u>FM</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>5/28/1870</u>
9. AGE (In years last birthday) <u>80</u>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Chicago Ill</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Anton Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Babebe</u>		14. NAME OF HUSBAND OR WIFE <u>Banney Belt</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Anna Miller</u> ADDRESS <u>Pierce City</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auricular fibrillation</u>		<u>18 months</u>
	DUE TO (c) <u>Arteriosclerosis</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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 Aug 20, 1950, to Jan 11, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles A. Spear, M.D.</u> (Degree or title)		23b. ADDRESS <u>Pierce City, MO</u>		23c. DATE SIGNED <u>1-12-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/13/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marys</u>	
24d. LOCATION (City, town, or county) <u>Seneca</u>		24e. (State) <u>MO</u>			

DATE REC'D BY LOCAL REG. <u>Jan 12-51</u>		REGISTRAR'S SIGNATURE <u>John P. Davis</u> 427		25. FUNERAL DIRECTOR'S SIGNATURE <u>William J. Wessell</u> ADDRESS <u>Pierce City, MO</u>	
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 15 1932

Dist. File 151-126

Date Filed 1-13-32

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.

Signed.....
Student Embalmer

Signed R. Gordon Bennett Student Embalmer No.

Licensed Embalmer No. 4213

P. O. Address Monett, Missouri

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.