

FILED JUL 13 1951

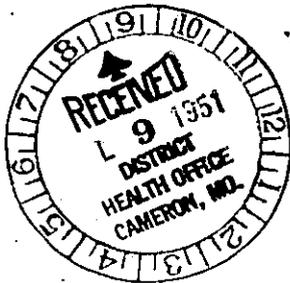
THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19959**

0410
 1

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

BIRTH NO. _____		REG. DIST. NO. 133		PRIMARY REG. DIST. NO. 4205		Registrar's No. 53	
1. PLACE OF DEATH <i>Missouri</i> a. COUNTY <i>Harrison</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Harrison</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Belman City</i>		c. LENGTH OF STAY (in this place) <i>6 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Belman City</i>		<i>0410</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>none</i>				d. STREET ADDRESS (If rural, give location) <i>none</i>			
3. NAME OF DECEASED (Type or Print) <i>Robert</i>		a. (First) <i>Robert</i>		b. (Middle) <i>J</i>		c. (Last) <i>Real</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>6-17-1951</i>		5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	
8. DATE OF BIRTH <i>11-6-1874</i>		9. AGE (In years last birthday) <i>76</i>		if UNDER 1 YEAR Months <i>7</i> Days <i>11</i>		if UNDER 4 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>retired</i>		11. BIRTHPLACE (State or foreign country) <i>Lamar Indiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Henry J. Real</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Weathers</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Hellie Real</i> ADDRESS <i>Belman City, Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma Stomach</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>10 Months</i> <i>15 H</i>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <i>Jan 19, 1951</i> , to <i>June 17, 1951</i> , that I last saw the deceased alive on <i>June 16, 1951</i> , and that death occurred at <i>5 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>J. G. Graham M.D.</i> (Degree or title)				23b. ADDRESS <i>J. G. Graham M.D.</i>		23c. DATE SIGNED <i>June 25, 1951</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6-18-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>C.F.G.M.</i>		24d. LOCATION (City, town, or county) (State) <i>East of Belman City Mo</i>	
DATE REC'D BY LOCAL REG. <i>July-7-51</i>		REGISTRAR'S SIGNATURE <i>Zola Burris</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. D. Haines</i> ADDRESS <i>Belman City</i>			



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 _____

W. D. Haines

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *W. D. Haines*

Licensed Embalmer No. *842*

P. O. Address *Gilbert City, Md.*

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.