

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37063

State File No.

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>560</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY OR TOWN <u>Clinton</u> c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Watzel Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> c. CITY OR TOWN <u>Wheatland</u> d. STREET ADDRESS <u>6 miles North of Wheatland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willard</u> b. (Middle) <u>Albertine</u> c. (Last) <u>Belt</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>29</u> (Year) <u>1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 14-1888</u>		9. AGE (In years last birthday) <u>62</u> Months <u>11</u> Days <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>Clatsburg, W.V.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Belt</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Etta Belt</u>	
14. NAME OF HUSBAND OR WIFE <u>Lola Belt</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lola Belt</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Metastasis</u> (b) <u>Carcinoma of rectum</u> (c) <u>& prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>October 28, 1951</u> , to <u>October 29, 1951</u> , that I last saw the deceased alive on <u>October 28, 1951</u> , and that death occurred at <u>4:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert H. Stahel, M.D.</u>		23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>10-29-51</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Oct 29 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wheatland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wheatland, Mo.</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Florence Adams</u>	
DATE REC'D BY LOCAL REG. <u>Dec-8-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Robert H. Stahel, M.D.</u>		ADDRESS <u>Wheatland, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 10 1951
DISTRICT HEALTH OFFICE No. 3
District File Number -----
Date Filed DEC 10 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.