

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

359

State File No. 0111003

Registrar's No. 111

V. S. No. 300
REV. 10-48

FILED JAN 25 1952

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

BIRTH NO. <u>508-195252</u>		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>Castor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Near Bloomfield, Mo.</u> <u>1030</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) <u>Louise</u> c. (Last) <u>Belcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 3, 1952</u>
9. AGE (In years last birthday) <u>8</u>		IF UNDER 1 YEAR <u>1</u> Months <u>1</u> Days	IF UNDER 24 HRS. <u>8</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work designating most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Carl Belcher</u>		13b. MOTHER'S MAIDEN NAME <u>Naomia Bereybach</u>	
14. NAME OF HUSBAND OR WIFE		-----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Carl Belcher</u>		ADDRESS <u>Bloomfield, Mo. R#2</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>Prematurity (Twin)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>774X</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-3</u> , 19 <u>52</u> , to <u>1-5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-5</u> , 19 <u>52</u> , and that death occurred at <u>3:40</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Arthur C. Parker, M.D.</u>		23b. ADDRESS <u>Paper Bluff, Mo.</u>	
23c. DATE SIGNED <u>1-14-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-5-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard</u> <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 14 1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Und. Co.</u>		ADDRESS <u>Bloomfield, Mo.</u>	

RECEIVED

JAN 22 1952

BUTLER CO. HEALTH CENTER

FILE No. 152-37

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 _____

Child was not embalmed

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.