

STANDARD CERTIFICATE OF DEATH

State File No. 720

BIRTH NO. 1-11-52 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4156 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Greenfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN So. Greenfield	
c. LENGTH OF STAY (In this place) 3 months		0290 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION SW part of town		d. STREET ADDRESS (If rural, give location) SW part of town	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Andrew c. (Last) Belcher		4. DATE OF DEATH (Month) (Day) (Year) Jan 3, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 2, 1872
9. AGE (In years last birthday) 79		10. UNDER 1 YEAR 6	10. UNDER 24 HRS. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME John Belcher	13b. MOTHER'S MAIDEN NAME Mary E. Meridith	14. NAME OF HUSBAND OR WIFE Louvinia Jane Belcher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John Belcher ADDRESS So. Greenfield, Mo.

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) Branchial Pneumonia Bilateral 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.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	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) (Min.)	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 **Jan 2, 1952**, to **Jan 3, 1952**, that I last saw the deceased alive on **Jan 3, 1952**, and that death occurred at **12:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. O. Cowan M.D.		23b. ADDRESS Greenfield, Mo.		23c. DATE SIGNED 1-6-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 6, 1952	24c. NAME OF CEMETERY OR CREMATORY Pennsboro Cemetery	24d. LOCATION (City, town, or county) (State) Pennsboro, Missouri	
DATE REC'D BY LOCAL REG. 1-11-52	REGISTRAR'S SIGNATURE Geo L Weir	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada ADDRESS Greenfield, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer No.....

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.