

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5498

State File No.

FILED MAR 3 1952

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 2031 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DeSoto		c. LENGTH OF STAY (In this place) Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto	
d. FULL NAME OF HOSPITAL OR INSTITUTION Flucom Road		d. STREET ADDRESS (If rural, give location) Flucom Road			

3. NAME OF DECEASED (Type or Print) a. (First) Rudolph			b. (Middle) Riley			c. (Last) Belleville			4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1952		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 13, 1903		9. AGE (In years last birthday) 49		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder				10b. KIND OF BUSINESS OR INDUSTRY Railroad Shops				11. BIRTHPLACE (City and State or Foreign Country) Flucom, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joseph Belleville			13b. MOTHER'S MAIDEN NAME Effie McMullin			14. NAME OF HUSBAND OR WIFE Justine Turley		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-16-269		17. INFORMANT'S SIGNATURE OR NAME Mrs. R.R. Belleville		ADDRESS De Soto, Mo.	
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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) Coronary Disease				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs	
		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. Hypertension - Essential				?	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 2/19, 1952, to 2/19, 1952, that I last saw the deceased alive on 2/19, 1952, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Chas E Fallet m.d.		(Degree or title)		23b. ADDRESS De Soto Mo		23c. DATE SIGNED 2/20/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/22/52		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Park		24d. LOCATION (City, town, or county) (State) De Soto Mo.	
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DATE REC'D BY LOCAL REG. 2-21-52		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Matherswood		ADDRESS De Soto, Mo.	
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(Licensed Embalmer's Signature on Reverse Side)

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

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AUG 28 1952

RECEIVED

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

FEB 25 REC'D

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.