

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7793**  
Registrar's No. **108**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

264

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

1. PLACE OF DEATH a. COUNTY <b>COLE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>COLE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON CITY, MO. 0264</b>	
c. LENGTH OF STAY (in this place) <b>10 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>325 MADISON 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST MARYS HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>CORNELIA</b> b. (Middle) <b>BELSTLE</b> c. (Last) <b>BELSTLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 13, 1952</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JAN. 1, 1866</b>	9. AGE (In years last birthday) <b>86</b>	if UNDER 1 YEAR Days <b>2</b>	if UNDER 2 HRS. Hours <b>12</b>	if UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>HOLLAND</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>CHARLES BELSTLE</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Frank Courtmont</b> ADDRESS <b>J. C. MO.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Myeloid Leukemia</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 <b>2044</b>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **March 4, 1952** to **March 13, 1952** that I last saw the deceased alive on **Mar 12, 1952** and that death occurred at **12:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Bruce MD</b> (Degree or title)	23b. ADDRESS <b>739 Madison Jefferson</b>	23c. DATE SIGNED <b>3/14/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MARCH 15, 1952</b>	24c. NAME OF CEMETERY OR CREMATOR <b>RESURRECTION</b>	24d. LOCATION (City, town, or county) (State) <b>JEFFERSON CITY, MO.</b>
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DATE REC'D BY LOCAL REG. <b>March 17-52</b>	REGISTRAR'S SIGNATURE <b>R. P. Darris MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Dulle</b> ADDRESS <b>J. C. MO.</b>
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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

*Sylvester Dulle*

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.