

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 4450

State File No.

360327

NOV 15 1952

BIRTH NO.

REG. DIST. NO.

301

PRIMARY REG. DIST. NO.

6047

Registrar's No.

327

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oxly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Oxly, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Knox</u> c. (Last) <u>Belew</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 11, 1868</u>
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months <u>10</u> Days <u>15</u> Hours <u></u> Min. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Baptist Minister</u>	
11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Willson Belew</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Moore</u>	
14. NAME OF HUSBAND OR WIFE <u>Della Belew</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Belew</u>	
18. ADDRESS <u>Doniphan, Mo.</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Cardiac failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION <u>331X</u>	
19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>2</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Doniphan, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>10-18-52</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1952, to Sept 26, 1952, that I last saw the deceased alive on Sept 26, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.</u>	
22. I hereby certify that I attended the deceased from August 1952, to Sept 26, 1952, that I last saw the deceased alive on Sept 26, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Frank S. Johnson M.D.</u>	
23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>10/17/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 28, 1952</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Richwoods Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clay County, Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>10-18-52</u>		REGISTRAR'S SIGNATURE <u>Ed Edwards</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Edwards</u>		ADDRESS <u>Doniphan, Mo.</u>	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

George A. Bertley

Signed _____
Student Embalmer

Licensed Embalmer No. *4752*

P. O. Address *Doniphan 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.