

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23916**

FILED JUL 20 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 768

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		0117 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>804 Main St.</b>		d. STREET ADDRESS (If rural, give location) <b>804 Main St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ETHEL</b> b. (Middle) <b>CATHERINE</b> c. (Last) <b>BELVEAL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 4, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 7, 1887</b>		9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____	
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 <b>Own home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Ceylon, Indiana /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Louis Messner</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Callius</b>		14. NAME OF HUSBAND OR WIFE <b>Roy Belveal</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 ADDRESS <b>Mr. Roy Belveal, St. Joseph, Mo.</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Accident</b>					<b>Immediate</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <b>Arteriosclerosis, General</b>			<b>?</b>
		DUE TO (c) <b>Hypertension</b>			<b>?</b>
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Previous Cerebral Accident</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331x</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)		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 Oct 28, 1952, to July 4, 1953, that I last saw the deceased alive on July 4, 1953 and that death occurred at 4:00A m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Kirkpatrick Bldg., City</b>		23c. DATE SIGNED <b>7-6-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 7, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Graham Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Graham, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>July 13, 1953</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>485</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mo. St. Joseph,</b>	
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(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.

Student .....  
Student Embalmer

Signed Charles J. Bennett

Licensed Embalmer No. 4622

P. O. Address St Joseph Ma

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.