

FILED JUL 22 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24156

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 5790 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>	
b. CITY, (If outside corporate limits, write RURAL and give township) <u>Rural "Carrollton Twp"</u>		c. CITY, (If outside corporate limits, write RURAL and give township) <u>Rural "Carrollton Twp"</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>5 mi. N. of Carrollton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. N. of Carrollton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>BELCHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 1953</u>		
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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>May 26 1865</u>		9. AGE (In years last birthday) <u>88</u>		9. UNDER 1 YEAR Months Days Hours Min.		9. UNDER 1 YRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>				11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Mo. U.S.A.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>W. L. Belcher</u>				13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Baker</u>				13c. NAME OF HUSBAND OR WIFE <u>Mathie Wright Belcher</u>			
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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) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Charles Belcher, Carrollton Mo.</u>				17. ADDRESS <u>Carrollton Mo.</u>			
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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) <u>Cerebral Thrombosis</u>  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.  <u>332X</u>										INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1953 to July 13, 1953, that I last saw the deceased alive on July 12, 1953, and that death occurred at 10:35 m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Platt, M.D.</u>		23b. ADDRESS <u>Carrollton, Missouri</u>		23c. DATE SIGNED <u>7-13-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-15-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7/15/53</u>		REGISTRAR'S SIGNATURE <u>Dr. Herbert Albert Standley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gibson</u>		ADDRESS <u>Carrollton Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 26 1958

**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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, N.Y.

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.