

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14879**

FILED MAY 24 1954

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <p align="center">Boone</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p>		b. COUNTY <p align="center">Boone</p>	
b. CITY (If outside corporate limits, write RURAL and give township) <p align="center">Columbia</p>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <p align="center">Columbia</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Noyes Hospital</p>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
e. STREET ADDRESS <p align="center">811 Virginia Ave.</p>		0105			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p align="center">HENRY</p>	b. (Middle) <p align="center">MARVIN</p>	c. (Last) <p align="center">BELDEN</p>	(Month) <p align="center">May</p>	(Day) <p align="center">17,</p>	(Year) <p align="center">1954</p>

5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>	8. DATE OF BIRTH <p align="center">Oct. 3, 1865</p>	9. AGE (In years last birthday) <p align="center">88</p>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------------------------	---	---	--	---	-----------------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Professor Emeritus of English, U. of Mo.</p>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Fairfield County, Conn.</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">U.S.A.</p>
---	-----------------------------------	---	--

13a. FATHER'S NAME <p align="center">Samuel Burr Belden</p>	13b. MOTHER'S MAIDEN NAME <p align="center">Georgiana Tibbitts</p>	14. NAME OF HUSBAND OR WIFE <p align="center">Ethel Allen Belden</p>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <p align="center">Henry M. Belden Jr., Columbia, Mo.</p>	ADDRESS <p align="center">Columbia, Mo.</p>
--	-------------------------	---	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>THROMBOSIS OF UNIDENTIFIED CEREBRAL ARTERY, RIGHT</u>		<u>4 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u> DUE TO (c)		<u>MANY YEARS</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROTIC HEART DISEASE</u>		<u>UNKNOWN</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <p align="center">332 X</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

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 5-12-1954 to 5-17-1954, that I last saw the deceased alive on 5-16-1954, and that death occurred at 12:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">John H. Walters MD</p>	(Degree or title)	23b. ADDRESS <p align="center">22 N 8th Columbia, Mo.</p>	23c. DATE SIGNED <p align="center">5-18-54</p>
--	-------------------	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>	24b. DATE <p align="center">May 18, 1954</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">Columbia Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p align="center">Columbia, Missouri</p>
---	---	---	---

DATE REC'D BY LOCAL REG. <p align="center">May 18 1954</p>	REGISTRAR'S SIGNATURE <p align="center">Mrs R. E. Palmer</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">Parsons Funeral Service, Columbia, Mo</p>	ADDRESS <p align="center">Columbia, Mo</p>
---	---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 8

1958

JUL 12 1958
JAN 22 1957

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.....
Signature of Student Embalmer

Signed.....
Joseph Phillips

Licensed Embalmer No. 489

P. O. Address Columbus

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.