

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED OCT 13 1954

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>Pottawattamie</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NORTH KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>	c. CITY OR TOWN <u>Council Bluffs</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>16th & SWIFT AVE</u>		STREET ADDRESS (If rural, give location) <u>825 N. 31st ST</u> <u>9148</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>W</u> c. (Last) <u>Bellville</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 29, 1954</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb 18, 1901</u>		9. AGE (In years last birthday) <u>53</u> 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) <u>Ringling Circus</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Plattsmouth, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Albert Bellville</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY SMITH</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Bellville (Bro)</u> ADDRESS <u>Bluffs, Ia. 825 No. 31st St. Council</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Occlusion</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Virvin M. Thomas, Deputy Coroner</u>		23b. ADDRESS <u>Liberty, Mo.</u>		23c. DATE SIGNED <u>9/30/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/4/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CUTLER FUNERAL HOME</u>	
24d. LOCATION (City, town, or county) (State) <u>Council Bluffs, Mo.?</u>					

DATE REC'D BY LOCAL REG. <u>10-4-54</u>		REGISTRAR'S SIGNATURE <u>Marquette Judgen</u> <u>1994</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Neukomeis, Sons & C. Mo.</u>	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed... *Glenn H. Hill*

Licensed Embalmer No... *450*

P. O. Address... *K. C. 16*

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.