

FILED OCT 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31461**

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5983</u>		Registrar's No. <u>104</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>California</u> b. COUNTY <u>Unknown</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo Rural</u>		c. LENGTH OF STAY (In this place) <u>Trans.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Long Beach, California</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>290 East 67th St.</u> <u>80408</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Fred</u>		c. (Last) <u>Bellenbaum</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>29</u>		(Year) <u>1954</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>Dec. 27, 1897</u>	
9. AGE (In years last birthday)		<u>56</u>		10. MONTHS <u>1</u> YEARS <u>1</u> DAYS <u>1</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Frederick Bellenbaum</u>		13b. MOTHER'S MAIDEN NAME <u>Predricka Unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Bellenbaum</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>551-16-4536</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Bellenbaum</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Cervical Vertebrae &amp; Crushed Chest</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto Accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office, etc.) <u>Highway "66"</u>		21c. (CITY: TOWN, OR TOWNSHIP) (COUNTY) <u>Waynesville, -Rural-Pulaski-Mo</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept. 29/54 7:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>			
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 <u>7:45</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Billy J. Hedges</u>		(Degree or title) <u>County Coroner</u>		23b. ADDRESS <u>Richland, Missouri</u>		23c. DATE SIGNED <u>Sept/29/54</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct/1/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>All-Souls Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Los Angeles, Calif.</u>	
DATE REC'D BY LOCAL REG. <u>10-1-54</u>		REGISTRAR'S SIGNATURE <u>Paula J. Hedges</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Hedges Funeral Home Crocker, Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

OCT 26 1957

APR 14 1955

JUN 17 1964

Date Filed 10-2-54  
File Number  
Pulaski County Health Officer

RECEIVED 10-1-54

1954

### 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

*Clarence D. Moss*

Licensed Embalmer No. 4826

P. O. Address *Waynesville, N.C.*

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.