S. No. 300
v. 10.48

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

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41528

BIRTH NO. 78870-54 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 160

0512
0

1. PLACE OF DEATH
a. COUNTY: Johnson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg
c. LENGTH OF STAY (In this place): 45da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Johnson.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg. 0512 0
d. STREET ADDRESS (If rural, give location): Warrensburg Medical Center.

3. NAME OF DECEASED (Type or Print)
a. (First): Nancie
b. (Middle): Lue
c. (Last): Bellamy

4. DATE OF DEATH (Month) (Day) (Year): Dec. 22, 1954.

5. SEX: female /
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0
8. DATE OF BIRTH: Nov. 10, 1954.
9. AGE (In years last birthday): If under 1 year: Months 1, Days 12; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Warrensburg. Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Emmett E. Bellamy
13b. MOTHER'S MAIDEN NAME: Elsie G. Thomas
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Emmett E. Bellamy. Lees Summit, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis, Superior Vena Cava — INTERVAL BETWEEN ONSET AND DEATH: 15 Min

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. Prematurity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 466x
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-22-, 1954, *to* 12-22-, 1954, *that I last saw the deceased alive on* 12-22-, 1954, *and that death occurred at* 11 45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O Keith D. Jones, MD
23b. ADDRESS: Warrensburg, Mo
23c. DATE SIGNED: 12-25-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 23, Dec. 1954
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill
24d. LOCATION (City, town, or county) (State): Warrensburg. MO.

DATE REC'D BY LOCAL REG.: Dec. 26, 1954
REGISTRAR'S SIGNATURE: 147-0, Savannah Critchfield
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Sweeney Phillips. Warrensburg, MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 28 1954
JOHNSON COUNTY HEALTH DEPT.

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 R. A. Phillips.

Licensed Embalmer No. 2320

P. O. Address Warrensburg, Mo.

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.