

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

642

FILED JAN 10 1955

5302 State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>76</u>		PRIMARY REG. DIST. NO. <u>3502</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u> <u>0260</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henley Henley</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Henley Clark</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #1, Mo 0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIN</u> b. (Middle) <u>ORTAN</u> c. (Last) <u>BELSHE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 5-55</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>FEB. 28/1886</u>	
9. AGE (In years last birthday) <u>68</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (City and State or Foreign Country) <u>OLEHN, Mo U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY	
10a. USUAL OCCUPATION (Give kind of work the during most of working life, and if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY	
<u>Retired Postman</u>		<u>R.R. Carver</u>		<u>OLEHN, Mo</u>		<u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Belsh</u>			13b. MOTHER'S MAIDEN NAME <u>Amada Pontroya</u>		14. NAME OF HUSBAND OR WIFE <u>Alfa Belsh</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Alfa Belsh Henley Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease.</u> DUE TO (c) <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>			
				19a. DATE OF OPERATION			
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 <u>1957</u> to <u>Jan 5, 1955</u> , that I last saw the deceased alive on <u>Jan 3, 1955</u> , and that death occurred at <u>11 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Eoshelton MD</u>				23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>Jan 7 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>1-7-55</u>		<u>SPRING GARDEN</u>		<u>Clear Mo</u>	
DATE REC'D BY LOCAL REG. <u>January 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Mr. P. L. Slaven</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Steffen</u>		ADDRESS <u>Quindalla Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
40

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 *G. S. Steffens*

Licensed Embalmer No. *2307*

P. O. Address *Russellville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.