

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 9 1955

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 76

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
 c. LENGTH OF STAY (In this place) 26 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Jasper
 c. CITY OR TOWN Joplin
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 0495
2126 Penny Lane

3. NAME OF DECEASED (Type or Print)
 a. (First) Sallie b. (Middle) Belkham c. (Last) Belkham
 f. DATE OF DEATH (Month) (Day) (Year) 2-25-1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept 16, 1877 9. AGE (In years last birthday) 77 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) House wife 10b. KIND OF BUSINESS OR INDUSTRY Home making 11. BIRTHPLACE (City and State or Foreign Country) Rich Hill, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Don't know 13b. MOTHER'S MAIDEN NAME Don't know 14. NAME OF HUSBAND OR WIFE Theodore E. Belkham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No (If yes, give war or dates of service) None 16. SOCIAL SECURITY NO. - 17. INFORMANT'S SIGNATURE OR NAME Reasars Belkham ADDRESS 2126 Penny Lane, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Arteriosclerosis
 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
2 days
2

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 331X 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) _____ 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 8-16, 1949, to 2-25, 1955, that I last saw the deceased alive on 2-24, 1955, and that death occurred at 6:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] 138 (Degree or title) MD 23b. ADDRESS Joplin Mo 23c. DATE SIGNED 2-26-55

24a. BURIAL, CREMATION, OR REMOVAL Removal 24b. DATE 3-2-1955 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem 24d. LOCATION (City, town, or county) (State) St. Scott. Mo.

DATE REC'D BY LOCAL REG. 3-3-55 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Joplin Mo

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

County File Number 92-2-102
Date Filed MAR 7 - 1955

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 Wm E. Huddleston

Licensed Embalmer No. 41

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