

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5857

FILED MAR 14 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6012 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Randolph</u> <u>0880</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural-Chariton Twp.</u> )		c. CITY OR TOWN <u>Chariton Rural- Township</u>	
c. LENGTH OF STAY (In this place) <u>36 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Darksville</u>		STREET ADDRESS (If rural, give location) <u>near Darksville</u> <u>0880</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ruth</u>	b. (Middle)	c. (Last) <u>Belsher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 5 1955</u>
-------------------------------------	------------------------	-------------	--------------------------	---

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>February 23, 1866</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
----------------------	-------------------------------	---	---	---	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Albion, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	--	--

13a. FATHER'S NAME <u>John Burckett</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Edge</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar Belsher</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary D. Wells: Denver, Colorado</u>	ADDRESS
---	--	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis -Senility</u> 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>2</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) m.	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 3-3-55 to 3-5-55, 1955, that I last saw the deceased alive on 3-5-55, 1955, and that death occurred at 4:30a m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Noel Rains</u> (Degree or title) <u>D.O. 2</u>	23b. ADDRESS <u>Clifton Hill, Missouri</u>	23c. DATE SIGNED <u>3-10-55</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>March 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-11-1955</u>	REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u> ADDRESS <u>Huntsville Mo</u>
---	--	--

WRITE PLAINLY--USING UNFADING 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 *Tom B. Patton*.....

Licensed Embalmer No. *391*.....

P. O. Address *Hunter*.....

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.