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

FILED JUN 21 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19412

BIRTH NO. 184 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 98

**1. PLACE OF DEATH**
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fredericktown
c. LENGTH OF STAY (in this place): 66 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 401 West Main St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Madison
c. CITY OR TOWN: Fredericktown
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 401 West Main St.

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3. NAME OF DECEASED (Type or Print): a. (First) ELLA b. (Middle) AGNES c. (Last) BELKEN

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1955

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 8, 1889
9. AGE (In years last birthday): 66 — If under 1 year: Months 5, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Madison County, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Antone Budenholzer
13b. MOTHER'S MAIDEN NAME: Teresa Pingle
14. NAME OF HUSBAND OR WIFE: Frank Belken

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mary Brooks ADDRESS: 4112 Schiller Pl. St. Louis, 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) Carcinoma of Inguinal region and Pelvis, which met
DUE TO (b) a metastasis from Carcinoma
DUE TO (c) of Vulva,

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 2-3 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 176 X
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* April 21, 1954, *to* June 9, 1955, *that I last saw the deceased alive on* June 9, 1955, *and that death occurred at* 1:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M D
23b. ADDRESS: 175 W Main Fredericktown
23c. DATE SIGNED: 6-17-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-21-55
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Madison County, Mo.

DATE REC'D BY LOCAL REG.: 6-17-1955
REGISTRAR'S SIGNATURE: Florence Hicks
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Najim Funeral Home Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
JUN 20 1955
FILE No. 655-28

SEP 26 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Charles McCarty

Licensed Embalmer No. 48

P. O. Address Frederick

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.