

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26974**

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 213	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill. b. COUNTY Pike			
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal		c. LENGTH OF STAY (In this place) 1 Day		c. CITY OR TOWN Hull		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital				e. STREET ADDRESS (If rural, give location) E Street			
3. NAME OF DECEASED (Type or Print) a. (First) Albert		b. (Middle) Bertrum		c. (Last) Beltz		4. DATE OF DEATH (Month) (Day) (Year) 8 - 26 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 21, 1881		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad		10b. KIND OF BUSINESS OR INDUSTRY Wabash		11. BIRTHPLACE (City and State or Foreign Country) Kingston, Ill.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Daniel Bletz		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ida Campbell Beltz			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Mae Bletz Hull, Ill.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrael hemiplegia					INTERVAL BETWEEN ONSET AND DEATH 1 da.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease					2 yrs.	
	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						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) (Min.)		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 8/17/53 , 19____, to 8/26/55 , 19____, that I last saw the deceased alive on 8/26/55 , 19____, and that death occurred at 8:30A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Donald J. Murphy, M.D.				23b. ADDRESS Hannibal, Missouri		23c. DATE SIGNED 8/27/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-28-55	24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery		24d. LOCATION (City, town, or county) (State) Kingston, Ill.			
DATE REC'D BY LOCAL REG. 8/30/55	REGISTRAR'S SIGNATURE W. E. M. Lucke		189750	25. FUNERAL DIRECTOR'S SIGNATURE Rayh Clark		ADDRESS Hannibal, Mo.	

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

RECEIVED SEP 7 1955
MARION CO. HEALTH DEPT.
DATE FILED SEP 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.....



Licensed Embalmer No..... 4217

P. O. Address... Hannibal, 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.