

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 17 1956

No. 300

10. 48

BIRTH NO.		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>4/70</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Dekalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a-STATE <u>Missouri</u> b. COUNTY <u>Dekalb</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star</u>		c. LENGTH OF STAY (in this place) <u>44 MRS</u>		c. CITY OR TOWN <u>Union Star</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0220</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u>			b. (Middle) <u>Mae</u>		c. (Last) <u>Belton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 6, 1887</u>		9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mercantile</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>King City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William Harris</u>			13b. MOTHER'S MAIDEN NAME <u>Mollie Manship</u>		14. NAME OF HUSBAND OR WIFE <u>Leslie Belton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, no. or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>495-38-9083</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Belton</u> ADDRESS <u>Union Star, Mo.</u>			
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) <u>Cancer of esoph</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>171X</u>					INTERVAL BETWEEN ONSET AND 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)		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>6-6</u> , 19 <u>55</u> , to <u>1-3</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>56</u> , and that death occurred at <u>1:00 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. B. Black</u> M.D.				23b. ADDRESS <u>King City Mo.</u>		23c. DATE SIGNED <u>1-4-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 5, 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-11-56</u>		REGISTRAR'S SIGNATURE <u>Roland D. Clark</u> <u>82-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland D. Clark</u> ADDRESS <u>King City, Mo.</u>			

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 *Roland D Clark*.....

Licensed Embalmer No. *4477*

P. O. Address *King City, Ind.*

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.