

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5506**

FILED FEB 28 1956

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY OR TOWN Aurora	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 HOS McMatt		e. STREET ADDRESS (If rural, give location) HOS McMatt 055/0	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) J.	c. (Last) BELLIS	4. DATE OF DEATH (Month) (Day) (Year) FEB 9 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 16 1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) BUTLER COUNTY, PENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Bellis	13b. MOTHER'S MAIDEN NAME Margaret Stewart	14. NAME OF HUSBAND OR WIFE DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Edward Bellis, Aurora, Mo.	ADDRESS R-1
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure.		INTERVAL BETWEEN ONSET AND DEATH 1 year 1944
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis of DUE TO (c) probate.		
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 Prostatectomy in 1946.	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **May 1955** to **Feb-9, 1956**, that I last saw the deceased alive on **Feb-8, 1956** and that death occurred at **3:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE A. P. Galt	(Degree or title) M.D.	23b. ADDRESS Aurora, Mo.	23c. DATE SIGNED 2-10-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/12/56	24c. NAME OF CEMETERY OR CREMATORY Orange	24d. LOCATION (City, town, or county) (State) Aurora, Mo.
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DATE REC'D BY LOCAL REG. 2-23-56	REGISTRAR'S SIGNATURE Oran McMatt	25. FUNERAL DIRECTOR'S SIGNATURE William L. Shaw	ADDRESS Aurora, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 Myself....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oscar L Marsh.....

Licensed Embalmer No. 3819

P. O. Address Amoria

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.