

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8511

Registrar's No. 90

|  |  |  |   |  |  |   |  |
|--|--|--|---|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>77</u>   |   | PRIMARY REG. DIST. NO. <u>3016</u>   |  | State File No. <u>8511</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Jefferson City</u> )  |  | c. LENGTH OF STAY (in this place) _____  |   | c. CITY OR TOWN <u>Henley,</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>St. Marys Hospital</u>  |  |  |   | e. STREET ADDRESS (If rural, give location) <u>Henley, Mo. R.R.</u>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Omer</u>  |  | b. (Middle) <u>D.</u>  |   | c. (Last) <u>Belshe</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 17-1956</u>   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  |  | 8. DATE OF BIRTH <u>Sept. 15th 1910</u>   |  |
| 9. AGE (in years last birthday) <u>45</u>  |  | if UNDER 1 YEAR Months _____   |   | if UNDER 1 YEAR Days _____   |  | if UNDER 24 HRS. Hours _____ Mins. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____ |  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Henley Missouri</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |  |   | 13a. FATHER'S NAME <u>O.O. Belshe</u>  |  |   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Alpha Long</u>  |  |  |   | 14. NAME OF HUSBAND OR WIFE <u>Anna May Belshe</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____  |  | 16. SOCIAL SECURITY NO. _____  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna May Belshe Henley Mo.</u>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease &amp; congestive failure</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. dilatation</u> |   |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>   |  |
| 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>Dec 10</u> , 19 <u>55</u> , to <u>March 7</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>March 7</u> , 19 <u>56</u> , and that death occurred at <u>3:30 A.M.</u> from the causes and on the date stated above. |  |  |   |  |  |   |  |
| 25. SIGNATURE <u>Wesley E. Taylor M.D.</u> (Degree or title)   |  |  |   | 23. ADDRESS <u>Jefferson City</u>  |  | 23c. DATE SIGNED <u>3-21-56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>3-19-56</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY <u>Spring Garden Cem.</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Eugene, Mo.</u>  |  |
| DATE REC'D BY LOCAL REG. <u>23 March 1956</u>  |  | REGISTRAR'S SIGNATURE <u>R. P. Dorris M.D.</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Byrnesteffens Russellville Mo</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

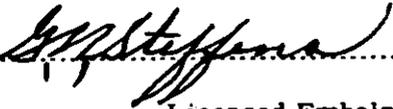
10. 48

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. 2307

P. O. Address Russellville

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.