

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13085

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>4232</u>		Registrar's No. <u>10</u>		
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Willow Springs;</u>		d. Is 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>0460</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u>			b. (Middle) <u>BELL</u>		c. (Last) <u>BELK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 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>May 22, 1893</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Houston</u>			13b. MOTHER'S MAIDEN NAME <u>Hannah Talbert</u>		14. NAME OF HUSBAND OR WIFE <u>J. R. Belk</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>519-28-7119</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J. R. Belk Willow Springs, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>ACUTE</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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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 _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:00 PM</u> on _____, 19____, from the causes and on the date stated above.								
23a. SIGNATURE <u>Doc R. Linnear</u>			(Degree or title) <u>MD</u>		23b. ADDRESS <u>Willow Springs, Mo.</u>		23c. DATE SIGNED <u>4/26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/29/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Willow Springs, City</u>		24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/5/56</u>		REGISTRAR'S SIGNATURE <u>Michelle Ballard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Burns Willow Springs, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 16 1958

MAY 31 1958

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 *Fred W. Barnes*

Licensed Embalmer No. *461*

P. O. Address *Willow St*

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