

FILED NOV 8 - 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **33242**

XC-145 79 15
 REG. NO. 12817

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **517**

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

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE ARKANSAS b. COUNTY RANDOLPH		
b. CITY (If outside corporate limits, write RURAL and give town) POPLAR BLUFF		c. LENGTH OF STAY (in this place) 6 days	c. CITY OR TOWN POCAHONTAS		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 VETERANS ADM. HOSPITAL			e. STREET ADDRESS (If rural, give location) 802⁰ 8		
3. NAME OF DECEASED (Type or Print) a. (First) MARSHALL		b. (Middle) ERVIN	c. (Last) BELEW	4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 21, 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-2-93	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) CUSTODIAN, U.S. POST OFFICE, U.S. (MAINTENANCE)		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) POCAHONTAS, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME PINK BELEW		13b. MOTHER'S MAIDEN NAME ANNA BRYANT		14. NAME OF HUSBAND OR WIFE MRS. NEMA BELEW	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 432404666	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL, RECORDS, POPLAR BLUFF, MO.		
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.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA, RIGHT BASE LUNG. 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.			18. INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? NO 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) _____		21. HOW DID INJURY OCCUR? 163x
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 Oct. 15, 1956 , to Oct. 21, 1956 , and that death occurred at 2:45a m. , from the causes and on the date stated above.					
23a. SIGNATURE E. D. BASKETT, M.D., Chief, Medical Svc.			23b. ADDRESS VA HOSPITAL, POPLAR BLUFF, MO.		23c. DATE SIGNED 10/22/56
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 10-23-1956	24c. NAME OF CEMETERY OR CREMATORY MASONIC	24d. LOCATION (City, town, or county) (State) Pocahontas, ARK.	
DATE REC'D BY LOCAL REG. 10/26/56		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE McNabb FUNERAL HOME, POCAHONTAS, ARK	

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NOV 2 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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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 H. G. McNabb _____

Licensed Embalmer No. 610
P. O. Address Pocahontas, Ar

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.