THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42687

FILED JAN 15 1957

STATE FILE NUMBER 11572

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Randolph
c. CITY OR TOWN Sparta 8128 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Rural Route 2 Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROBERT Middle Elwood Last BELTON

4. DATE OF DEATH Month DECEMBER Day 16 Year 1956

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 28, 1888
9. AGE (In years last birthday) 68
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY Coal
11. BIRTHPLACE (City and state or country) Sparta, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Belton
14. MOTHER'S MAIDEN NAME Nancy McGee

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 359-01-5777
17. INFORMANT W. Clell Hill, Address Sparta, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ulcer of Jejunum
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Chronic Emphysema 45 yrs. 542.0

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month Day Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from NOVEMBER 12, 1956 to DEC 16, 1956 and last saw her/him alive on DEC 16, 1956
Death occurred at 7:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) A. Vermillion, M.D. M. D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 12/17/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-17-56
23c. NAME OF CEMETERY OR CREMATORY Caledonia, Cemetery
23d. LOCATION (City, town, or county) (State) Sparta, Ill.

24. FUNERAL DIRECTOR Albert H. Hoppe, ADDRESS 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG. DEC 17 1956
26. REGISTRAR'S SIGNATURE Paul Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Wm Binkley

Licensed Embalmer No. 3

P. O. Address St Lau

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.