

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED APR 5 - 1957

Registration District No. 6 Primary Registration District No. 5031 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Audrain</u> <u>0040</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Chivretish</u> Inside Limits Yes ☐ No ☒				c. CITY OR TOWN <u>Chivretish</u> <u>0040</u> Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) <u>11 mi. so. of Vandalia</u> Length of stay in lb <u>40 YEARS</u>				d. STREET ADDRESS (If outside, give location) <u>11 mi. so. of Vandalia</u> Reside on Farm Yes ☒ No ☐			
3. NAME OF DECEASED (Type or print) <u>Susan Elizabeth</u> <u>Belcher</u>				4. DATE OF DEATH <u>March 27, 1957</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>Jan. 28, 1873</u>	
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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			
13. FATHER'S NAME <u>Henry F. Storck</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Webber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Ora Hassein-Vandalia, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocarditis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Rheumatic heart</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
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 Month, Day, Year <u>a. m. p. m.</u>				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 <u>April 29, 1953</u> to <u>March 23, 1957</u> and last saw her alive on <u>Mar. 23, 1957</u> Death occurred at <u>8:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>W. H. Blaud m d</u> (Degree or title)				22b. ADDRESS <u>Vandalia, Missouri</u>		22c. DATE SIGNED <u>4/1/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>burial</u>		<u>3/28/57</u>		<u>Vandalia Cemetery</u>		<u>Vandalia Mo.</u>	
24. FUNERAL DIRECTOR <u>W. H. Blaud Vandalia Missouri</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>April 1 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mallie Fugua</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only Standard Form No. 1. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *William S. Water*

Licensed Embalmer No. *41*

P. O. Address *Vander*

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.