Health, Welfare Public Service

S. 300 0582
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FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13846
STATE FILE NUMBER

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY LINN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BROOKFIELD — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LANG NURSING HOME — Length of stay in 1b 1 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY LINN
c. CITY OR TOWN BROOKFIELD 0582 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 802 W. DAKE ST (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JOHN Middle M. Last BELZER
4. DATE OF DEATH Month APR Day 12 Year 1957
5. SEX M 0
6. COLOR OR RACE W
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH MAR. 8, 1876
9. AGE (In years last birthday) 81 — 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) FARMER-RET
10b. KIND OF BUSINESS OR INDUSTRY OWN FARM
11. BIRTHPLACE (City and state or country) WINIGAN, MO 0
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JOHN BELZER
14. MOTHER'S MAIDEN NAME MARY ELIZABETH HAYNES
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. NONE
17. INFORMANT QUINTON CLUBINE Address BROOKFIELD, MO

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) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerosis 4221
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Brookfield COUNTY Linn STATE Mo

21. I attended the deceased from 1955 to date 4/12/57 and last saw her/him alive on ____
Death occurred at 10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W B Simpson DO (Degree or title)
22b. ADDRESS Brookfield Mo
22c. DATE SIGNED 4/13/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE APR. 14, 1957
23c. NAME OF CEMETERY OR CREMATORY PICKEREL CEM.
23d. LOCATION (City, town, or county) WINIGAN, Mo (State)

24. FUNERAL DIRECTOR WRIGHT FUNERAL HOME ADDRESS BROOKFIELD, MO
25. DATE RECD. BY LOCAL REG. 4-13-57
26. REGISTRAR'S SIGNATURE Kathalene Johnson Dep

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 emba

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfiel

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