

FILED JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 02 1735
STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 5678 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waverly Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>EPHIA</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 15 <u>56</u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <u>Ross</u>		First <u>Nathaniel</u>		Last <u>Belle</u>		4. DATE OF DEATH Month <u>Apr</u> Day <u>28</u> Year <u>1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>color</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Oct 16 1925</u>	
9. AGE (In years, last birthday) <u>32</u>		IF UNDER 1 YEAR Months <u>32</u> Days <u>32</u> Hours <u>32</u> Min. <u>32</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Pike Co. MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13. FATHER'S NAME <u>Albert Belle</u>				14. MOTHER'S MAIDEN NAME <u>Shepherd</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>2nd world war yes</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Albert Belle Ephra, 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>GUNSHOT - WOUND OF HEAD</u> DUE TO (b) <u>SELF - INFLICTED</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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>INST.</u>							
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input checked="" type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>976X</u>	
20c. TIME OF INJURY Hour <u>5:00</u> p. m. <u>4/28/57</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		20f. CITY, TOWN, OR LOCATION <u>FARM RESIDENCE LINCOLN MO</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Joseph J. Maugh Coroner. 3</u>				22b. ADDRESS <u>351 MONROE, TROY, MO</u>		22c. DATE SIGNED <u>5/28/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 2 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Farmer</u>		23d. LOCATION (City, town, or county) (State) <u>Lincoln Co. MO</u>	
24. FUNERAL DIRECTOR <u>Grace Bankhead Bowling Green, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>6/27/57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>			

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1957

APR 15 1958
AUG 29 1957

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.....
Licensed Embalmer No. 43

P. O. Address *Bambling*

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.