

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27817**

FILED AUG 19 1957

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY CLINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Mo b. COUNTY CLINTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Cameron	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 COMMUNITY HOSP.		e. STREET ADDRESS (If rural, give location) 611 Helsey Ave 825/0	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) alice c. (Last) BELLOMY			4. DATE OF DEATH (Month) (Day) (Year) 8 9 57		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 12-9-1899		9. AGE (in years last birthday) 78 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) De Kalb Co Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME David A. Fulton	13b. MOTHER'S MAIDEN NAME Margaret Ann Reed	14. NAME OF HUSBAND OR WIFE Second
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-40-9994	17. INFORMANT'S SIGNATURE OR NAME Mrs. N.B. McCabe ADDRESS Cameron	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH 2 days
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES (b) Arteriosclerosis Heart Disease		10 yrs
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **1952**, to **8-8**, 19**57**, that I last saw the deceased alive on **8-8**, 19**57**, and that death occurred at **6:00** A.M., from the causes and on the date stated above.

23a. SIGNATURE Ida Kenies MD (Degree or title)	23b. ADDRESS Cameron, Mo	23c. DATE SIGNED 8-11-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-11-57	24c. NAME OF CEMETERY OR CREMATORY Parkland cem	24d. LOCATION (City, town, or county) (State) Cameron Mo
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DATE REC'D BY LOCAL REG. 8-11-57	REGISTRAR'S SIGNATURE Francis D Crawford	25. FUNERAL DIRECTOR'S SIGNATURE Paland Funeral Home ADDRESS Cameron, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

31
0

SEP 27 1954

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 *Lawrence J. Thompson*.....

Licensed Embalmer No. *473*

P. O. Address *Camden*

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.