

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010327
State File No.

FILED APR 2 1958

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4139 Registrar's No. 69

7001

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>Lee's Summit</u> c. LENGTH OF STAY (In this place) <u>72 Lifelong</u>		c. CITY OR TOWN <u>Lee's Summit</u> 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 <u>608 South Douglas</u>		e. STREET ADDRESS (If rural, give location) <u>608 South Douglas</u>	

3. NAME OF DECEASED a. (First) <u>Frederick</u> b. (Middle) <u>heroy</u> c. (Last) <u>BELSER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 24, 1958</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan. 21, 1886</u>	9. AGE (In years last birthday) <u>72</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS: Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mail Carrier U.S. Postal Dept.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Lee's Summit,</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>USA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles F. Belser</u>	13b. MOTHER'S MAIDEN NAME <u>Hanna Jane Brewer</u>	14. NAME OF HUSBAND OR WIFE <u>Marion P. Belser</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marion P. Belser, Lee's Summit, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs.</u> <u>10 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Aortic Aneurysm</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Vascular Dis.</u> 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? <u>2</u> 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) <u>451X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 24 MARCH 1958 to 24 MARCH 1958, that I last saw the deceased alive on 24 MARCH, 1958, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Monrad D. Durnell M.D.</u> (Degree or title)	23b. ADDRESS <u>60818 E. 3rd St, Lee's Summit, Mo.</u>	23c. DATE SIGNED <u>26 March 1958</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 26, 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit, Cemetery Lee's Summit, Mo.</u>	24d. LOCATION (City, town, or county) (State) _____
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DATE REC'D BY LOCAL REG. <u>4-2-58</u>	REGISTRAR'S SIGNATURE <u>Thomas C Durdon</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Langsford Funeral Home, Lee's Summit</u>	ADDRESS _____ Mo. _____
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APR 10 1958

MAR 31 1958

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

APR 10 1958

Signed *N. B. Langford*

Licensed Embalmer No. 496

P. O. Address Lee's Summit

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.