

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010609
State File No.

FILED MAR 31 1958

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>BROOKFIELD</u>		c. LENGTH OF STAY (in this place) <u>3 mos</u>	c. CITY OR TOWN <u>MEADVILLE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BROOKFIELD NURSING HOME</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOTTIE</u> b. (Middle) <u>PAULINE</u> c. (Last) <u>BELSHE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-25-58</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>2-16-58 1883</u>	9. AGE (In years last birthday) <u>75</u>	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) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>PHILADELPHIA, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>J. W. JONES</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA C. SMITH</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>GERTRUDE TRIBBLE, MEADVILLE, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident.</u>		ANTECEDENT CAUSES		DUE TO (b) <u>Generalized arteriosclerosis.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Cachexia.</u>	
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>2</u>	

22. I hereby certify that I attended the deceased from 3/17/58, 1958, to 3/25, 1958, that I last saw the deceased alive on 3/25, 1958, and that death occurred at 100m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Bohm</u> (Degree or title)		23b. ADDRESS <u>Brookfield 720</u>		23c. DATE SIGNED <u>3/27/58</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-27-58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEADVILLE CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>MEADVILLE, MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>3-27-58</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson Reg.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BROTHERS F. H. MEADVILLE, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5820

APR 4 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

Signed *W R Wright*.....

Licensed Embalmer No. *465*

P. O. Address *Meadville*.....

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.