

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013550

STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 61

Primary Registration District No. 4107

Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>CEGAR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CEGAR 0201</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ELDORADO SPR'S</b>		c. CITY OR TOWN <b>ELDORADO SPR'S</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		d. STREET ADDRESS (If outside, give location) <b>323 W. Marshall</b>	
3. NAME OF DECEASED (Type or print) First <b>OTHA</b> Middle <b>E.</b> Last <b>BELCHER</b>		4. DATE OF DEATH Month <b>4</b> Day <b>28</b> Year <b>1958</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 14 1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>		11. BIRTHPLACE (City and state or country) <b>CEGAR CO. MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>CHARLEY BELCHER</b>	
13b. MOTHER'S MAIDEN NAME <b>EMMA SPEECE</b>		14. NAME OF HUSBAND OR WIFE <b>LILLIE M. BELCHER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>610-05-6080</b>	
17. INFORMANT <b>ELTON BELCHER</b>		Address <b>ELDORADO SPR'S</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Heart Attack</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>4344</b> 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	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at <b>11 30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>M. D. Swann, Coroner</b> (Degree or title)		22b. ADDRESS <b>Oldorados Stgs. Mo</b>	
22c. DATE SIGNED <b>4-28-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		23b. DATE <b>4-26-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Clintonville</b>		23d. LOCATION (City, town, or county) (State) <b>Cedar Co mo</b>	
24. FUNERAL DIRECTOR <b>Hofus El Dorado Springs Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4-24-58</b>	
26. REGISTRAR'S SIGNATURE <b>George W. Hofus</b>			

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Director, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *May Sicking* .....

Licensed Embalmer No. *4696* .....

P. O. Address *J. D. Sicking* .....

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.