

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024918

STATE FILE NUMBER
3543

FILED AUG 8 1958 Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 3543

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 3618 KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4522 Kelsey Rd		Length of stay in lb 40 yrs.	d. STREET ADDRESS (If outside, give location) 4311 MONTBALL
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last LOBAN EARL Bellow			4. DATE OF DEATH Month Day Year July 20 1958			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-14-1904		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Church Custodian		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) LIBERTY, MO		
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John A. Bellow		13b. MOTHER'S MAIDEN NAME FRANCES NORTHERN		
14. NAME OF HUSBAND OR WIFE Hazel Bellow		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-10-6192		
17. INFORMANT Charles O. Bellow, WAIRON		Address 2808 No				

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 4:20
DUE TO (b) coronary atherosclerosis		
DUE TO (c) none		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year a.m. p.m.					
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 **2:15 PM 7-20-58** to **2:20 PM 7-20-58** and last saw her alive on **2:20 PM 7-20-58**
Death occurred at **2:20 PM 7-20-58** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Revare (Degree or title) D	22b. ADDRESS 2025 Sunset, North Kansas	22c. DATE SIGNED 7-21-58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, County, State)
BURIAL	7-23-58	White Chapel	GLADSTONE, MO

24. FUNERAL DIRECTOR A.W. NEWCOMERS, N.K.C.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-22-58	26. REGISTRAR'S SIGNATURE Neve Marshall
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Paul I. Revare

MEDICAL CERTIFICATION

5008
300
1-57

D.D.
Fair
Parsons
Service



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 *John Kelsbeck*

Licensed Embalmer No. *4949*

P. O. Address *K.P. 16 mo*

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.