

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009984

STATE FILE NUMBER

FILED APR 6 1959

Registration District No. 169

Primary Registration District No.

Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Novelty		c. CITY OR TOWN Macon 0611	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mile south Novelty		d. STREET ADDRESS (If outside, give location) no	
3. NAME OF DECEASED (Type or print) First Roy Middle Belt Last		4. DATE OF DEATH Month April Day 2 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 18, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 66
11. BIRTHPLACE (City and state or country) Macon County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Belt		13b. MOTHER'S MAIDEN NAME Nan Collins	
14. NAME OF HUSBAND OR WIFE Ethel Belt		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. 486-12-6533		17. INFORMANT Oliver Belt	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombotic occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		INTERVAL BETWEEN ONSET AND DEATH sudden death while riding in a car	
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 her alive on _____ Death occurred at 10:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. C. Holman D.C. 2		22b. ADDRESS Novelty Mo	
22c. DATE SIGNED Apr. 3 1959		23a. NAME OF CEMETERY OR CREMATORY Oakwood Cemetary	
23b. DATE April 4, 59		23c. LOCATION (City, town, or county) Macon, Missouri	
24. FUNERAL DIRECTOR Lester Hutton		25. DATE RECD. BY LOCAL REG. Apr. 4 - 1959	
26. REGISTRAR'S SIGNATURE Neil S. Hunter		(Licensed Embalmer's Statement on Reverse Side)	

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Charles L. Hutton*

Licensed Embalmer No. *4577*
P. O. Address *Nacore, 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.