

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014438

STATE FILE NUMBER

Registration District No. 290

Primary Registration District No.

Registrar's No. 48

FILED MAY 13 1959

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| 1. PLACE OF DEATH a. COUNTY Pulaski | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Colorado b. COUNTY Denver | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cullen Twp | | c. CITY OR TOWN Denver | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3rd E Jct Pulaski Co Rd "Y" & Hwy 66 | | d. STREET ADDRESS (If outside, give location) 2501 Woodbury St | |
| 3. NAME OF DECEASED (Type or print) First Vern Middle C Last Bellatti | | 4. DATE OF DEATH Month Apr Day 28 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 27 May 1916 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier | | 10b. KIND OF BUSINESS OR INDUSTRY US Army | 11. BIRTHPLACE (City and state or country) Drumwright, Oklahoma |
| 13a. FATHER'S NAME Deceased | | 13b. MOTHER'S MAIDEN NAME Elizabeth S (unknown) | 14. NAME OF HUSBAND OR WIFE Frances Bellatti |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 14 yrs - 2 Mo | | 16. SOCIAL SECURITY NO. 521-05-2017 | 17. INFORMANT Address B S WYsocki Maj MSC Ft Leonard Wood, Mo |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carbon monoxide poisoning DUE TO (c) _____ 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 9731 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self administered in automobile. | |
| 20c. TIME OF INJURY Hour Unk a.m. Unk p.m. Unk Month, Day, Year Apr 28 59 | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Automobile | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE 3rd E Jct Pulaski Co Rd "Y" & Hwy 66 Pulaski Missouri | |
| 21. I sw on 28 Apr 59 Death occurred at 9:11 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Hans H. Bruch Capt MC | |
| 22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri | | 22c. DATE SIGNED 29 Apr 59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 4-30-59 | 23c. NAME OF CEMETERY OR CREMATORY Ft Riley Post Cemetery | 23d. LOCATION (City, town, or county) (State) Ft Riley Kansas |
| 24. FUNERAL DIRECTOR ADDRESS HEDGES FUNERAL HOMES INC CROCKER MO | | 25. DATE RECD. BY LOCAL REG. 4-30-59 | |
| 26. REGISTRAR'S SIGNATURE Emilia Grace Anderson | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

No symptoms will be listed.

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 *Clarence Moss*

Licensed Embalmer No. *4896*
P. O. Address *Waynesville*

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.