URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1959

59–038571

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Slater — Length of stay in 1b: 70 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 728 North Elm — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Slater — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 728 North Elm — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: Garrard Last: Bellamy
4. DATE OF DEATH: Month: November Day: 5th Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-22-1864
9. AGE (last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired jeweler
10b. KIND OF BUSINESS OR INDUSTRY: Jewelery
11. BIRTHPLACE (City and state or country): Todd county, Ky.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Bellamy
13b. MOTHER'S MAIDEN NAME: Sarah E. Young
14. NAME OF HUSBAND OR WIFE: Edith Gwinn Bellamy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: 495-36-6479
17. INFORMANT: Mrs. Doris V. Campbell-Marshall, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic myocarditis c — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): failure — month
DUE TO (c): Senility
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 decessed from 7-16-57, to 11-5-59 and last saw him alive on 11-5-59
Death occurred at II-55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. A. McSurney M.D.
22b. ADDRESS: Slater Mo.
22c. DATE SIGNED: 11-6-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: II-7-1959
23c. NAME OF CEMETERY OR CREMATORY: Slater City cemetery
23d. LOCATION (City, town, or county) (State): Slater Missouri

24. FUNERAL DIRECTOR ADDRESS: Campbell-Lewis, Marshall, Mo.
25. DATE RECD. BY LOCAL REG.: 11-6-59
26. REGISTRAR'S SIGNATURE: Mrs. Raymond Brame

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James H. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.