

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 25 1960

=60-019940

Registration District No. 173 Primary Registration District No. 3034 Registrar's No. 47 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginsville		Length of stay in 1b 2 yrs.	c. CITY OR TOWN Higginsville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 115 East 15 Terrace		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 115 East 15 Terrace
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Carl Middle Edmond Last Bellman			4. DATE OF DEATH Month 5 Day 15 Year 1960			
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 9-27-1883	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 7 Days 18	
IF UNDER 24 HR Hours 18 Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker	10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (City and state or country) Saxony Germany	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Hugo Bellman		13b. MOTHER'S MAIDEN NAME Marie Bellman		14. NAME OF HUSBAND OR WIFE Eunice Welliver Bellman		
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. 276-T4-453T	17. INFORMANT Mrs. Carl Bellman	Address Higginsville, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Senile psychosis			56 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Fracture left hip		56 days
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.) Pt. fell when he got up to go to Bathroom		
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20c. TIME OF INJURY 8:02 a.m. Nov. 18, 60	20d. INJURY OCCURRED WHILE AT WORK <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.) Home	20f. CITY, TOWN, OR LOCATION Higginsville	COUNTY Lafayette	STATE Mo
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21. I attended the deceased from Nov 2, 1954 to May 15, 1960 and last saw him alive on April 13, 1960	Death occurred at 3:52 AM on the date stated above, and to the best of my knowledge, from the causes stated.				
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22a. SIGNATURE (Degree or title) Wilbur E. Fulberson M.D.		22b. ADDRESS Higginsville Mo.		22c. DATE SIGNED 5-19-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-17-1960	23c. NAME OF CEMETERY OR CREMATORY City	23d. LOCATION (City, town, or county) (State) Higginsville Missouri	
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24. FUNERAL DIRECTOR Forrest A. Hoefler		ADDRESS Higginsville, Mo.	25. DATE RECD. BY LOCAL REG. May-21-60	26. REGISTRAR'S SIGNATURE Lutic Gordon Jordan
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JUN 28 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forrest R. Huffer

Licensed Embalmer No. 480J

P. O. Address Higginsville, 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.