

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037905

FILED VS. NOV 9 1960

INDEXED

Registration District No. 100 Primary Registration District No. Registrar's No. 87

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Watkins twsp.				Length of stay in 1b		c. CITY OR TOWN Rural, Watkins twsp.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles S. of Anutt				Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) 2 miles S. of Anutt	
3. NAME OF DECEASED (Type or print) First LEWIS Middle HENRY Last BELFLOWER				4. DATE OF DEATH Month November Day 2 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 9/20/76	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter, retired		10b. KIND OF BUSINESS OR INDUSTRY Home Building		11. BIRTHPLACE (City and state or country) Licking, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Robert Belflower		13b. MOTHER'S MAIDEN NAME Laura Hyer		14. NAME OF HUSBAND OR WIFE Ethel			
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. 498-09-4563		17. INFORMANT Milton Belflower Anutt, Missouri			
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 Thrombosis Ca of Prostate Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 15 MIN 5 yrs	
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 deceased from 1955 to Nov 2, 60 and last saw him alive on 10/25/60 Death occurred at 1 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>James M. Hyers</i> (Degree or title) M.D.			22b. ADDRESS Rolla Mo		22c. DATE SIGNED 11/3/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 4, 1960	23c. NAME OF CEMETERY OR CREMATORY Anutt Cemetery		23d. LOCATION (City, town, or county) Anutt, Missouri			
24. FUNERAL DIRECTOR Null & Son Funeral Home		ADDRESS Rolla		25. DATE RECD. BY LOCAL REG. Nov. 4, 1960		26. REGISTRAR'S SIGNATURE <i>M. M. Hyers</i>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 01 AON

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 _____ *Paul E. Ne*

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.