URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

5147-60-038266
STATE FILE NUMBER

FILED VS OCT 31 1960 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5148

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 2 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. MARY'S HOSPITAL — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: INDEPENDENCE — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 2000 HEDGES — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First: JOHN Middle: A. Last: BELCHER
4. DATE OF DEATH: Month: OCTOBER Day: 12 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/1/1904
9. AGE (last birthday): 56 — 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): COMMISSION TRUCK SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: D-X SUNRAY OIL COMPANY
11. BIRTHPLACE (City and state or country): HINTON, OKLAHOMA
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: JOHN BELCHER
13b. MOTHER'S MAIDEN NAME: DAISY RAINES
14. NAME OF HUSBAND OR WIFE: MRS. HELEN I. BELCHER
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.: 486-01-6812
17. INFORMANT: MRS. HELEN I. BELCHER Address: 2000 HEDGES INDEPENDENCE, 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) Bronchogenic Cell — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma with Metastasis — 8 Months
DUE TO (c)
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 6-21-60, to present and last saw him alive on 10-11-60
Death occurred at 3:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Emery R. Calovich (Degree or Title) MD
22b. ADDRESS: 4620 J C Nichols
22c. DATE SIGNED: 10/12/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: OCT. 14, 1960
23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 10-14-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — MEDICAL CERTIFICATION — BY AFFIDAVIT OF Emery R. Calovich

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_____ Signed Harry E. Clements

Signature of Student Embalmer

Licensed Embalmer No. 4550

P. O. Address Pleasant Hill

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