

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041414

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 561

FILED DEC 5 1961

AMENDED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin, Mo.		Length of stay in 1b 1 Hour	c. CITY OR TOWN Baxter Springs Kansas Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 32nd St. and Black Cat Road		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Unknown Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle Lee Last Belt			4. DATE OF DEATH Month Nov. Day 25 Year 1961
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 4/9/1896
9. AGE (last birthday) 65		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) Taxi Cab Driver		10b. KIND OF BUSINESS OR INDUSTRY Taxi Cab Co.	11. BIRTHPLACE (City and state or country) FairPlay, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME William Belt	
13b. MOTHER'S MAIDEN NAME Alise Holden		14. NAME OF HUSBAND OR WIFE Mona Belt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. I		17. INFORMANT Address Mrs. Robert Carter 1207 Moffett Joplin, 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) Hemorrhage and Shock			INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multipule Compound Fractures of 4-5-6-7 Ribs of Left Side Of Body			
DUE TO (c) Puncture of Lung in 2 places, all due to Blows			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Met death at hands of person or person unknown	
20c. TIME OF INJURY Hour _____ Month, Day, Year Approx. 2 a.m. Nov. 25, 1961			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Did Not Attend	20f. CITY, TOWN, OR LOCATION Joplin,	COUNTY STATE Jasper Mo.
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thendell J. O.D.S. CORONER		22b. ADDRESS Frisco Bldg. Joplin, Mo.	22c. DATE SIGNED 11/25/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 27, 1961	23c. NAME OF CEMETERY OR CREMATORY Baxter Springs Cemetery	23d. LOCATION (City, town, or county) (State) Baxter Springs, Missouri
24. FUNERAL DIRECTOR ADDRESS Steve Parker Mortuary, Joplin, MO.		25. DATE RECD. BY LOCAL REG. 11-27-1961	26. REGISTRAR'S SIGNATURE Dore Merriam

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harvey E. Prince

Licensed Embalmer No. 4465

P. O. Address Joplin 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.