

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-043486

STATE FILE NUMBER

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 286

FILED JAN 2 1962

1. PLACE OF DEATH

a. COUNTY Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MexicoLength of stay in 1b
YRSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 216 East OrangeInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain

c. CITY OR TOWN Mexico

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
216 East OrangeReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

WILLIAM

Middle

ARTHUR

Last

BELTS

4. DATE OF DEATH

Month

Day

Year

December 22, 1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

8-16-87

9. AGE (last birthday)

74

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 Night Watchman.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Montgomery Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Andrew Belts

13b. MOTHER'S MAIDEN NAME

Jane Tillman

14. NAME OF HUSBAND OR WIFE

Edna J. Belts

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.

492-22-2193

17. INFORMANT

Address

Mrs. Edna Belts, Mexico, 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)

myocardial infarction

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

atherosclerotic heart disease

DUE TO (c)

Pneumonia

INTERVAL BETWEEN
ONSET AND DEATHPART 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 ☐ Unknown19. 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
INJURYHour
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 12-21-61 to 12-22-61 and last saw her alive on 12-21-61
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James E. Hefner MD.

22b. ADDRESS

108 N. Clark Mexico Mo

22c. DATE SIGNED

12-29-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12-26-61

23c. NAME OF CEMETERY OR CREMATORY

East Lawn Mem. Park

23d. LOCATION (City, town, or county)

Mexico, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Arnold Funeral Home, Mexico, Missouri

25. DATE RECD. BY LOCAL REG.

Dec. 24-1961

26. REGISTRAR'S SIGNATURE

Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

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 Richard Y. McDonald

Licensed Embalmer No. 4823

P. O. Address Minister

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.