

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002824

STATE FILE NUMBER

AMENDED

Registration District No. 238 Primary Registration District No. 5823 Registrar's No. 8

FILED FEB 19 1962

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Matthews		c. CITY OR TOWN Lilbourn	
Length of stay in 1b 3YWeeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sell's Nursing Home		d. STREET ADDRESS (If outside, give location) 	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Louise J. Bellant			4. DATE OF DEATH Month Day Year February 5 1962		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-25-1880	9. AGE (last birthday) 81	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner		10b. KIND OF BUSINESS OR INDUSTRY 	11. BIRTHPLACE (City and state or country) Marshall Co., Kentucky	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME J. V. Mathis	13b. MOTHER'S MAIDEN NAME Rosie Francis Riggins	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Taken from previous records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular accident		INTERVAL BETWEEN ONSET AND DEATH 2 days
DUE TO (b) Generalized arteriosclerosis		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 24 Jan 62 to 24 Jan 62 and last saw her/him alive on 24 Jan 62	
Death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge from the causes stated.	

22a. SIGNATURE (Degree or title) Charles R. Rucker	22b. ADDRESS New Madrid, Mo	22c. DATE SIGNED 6 Feb 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-7-62	23c. NAME OF CEMETERY OR CREMATORY Mounds Park
24. FUNERAL DIRECTOR ADDRESS Ponder Funeral Home-Lilbourn, Mo.		23d. LOCATION (City, town, or county) (State) Near Lilbourn, Mo.

25. DATE RECD. BY LOCAL REG. 2/16/62	26. REGISTRAR'S SIGNATURE Jay Hedgcock
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FEB 14 1962

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Tilbourn, 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.