MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

62-007752

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1621

FILED FEB 16 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF	DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Crawford
c. CITY OR TOWN: Cuba — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Rural — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First MABEL Middle HARRIET Last BELK

4. DATE OF DEATH: Month FEBRUARY Day 6 Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 4/12/1884

9. AGE (last birthday): 77 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Herrin, S.D.

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Frank Higby

13b. MOTHER'S MAIDEN NAME: Carrie (Unknown)

14. NAME OF HUSBAND OR WIFE: Stanhope Belk

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.: None

17. INFORMANT: Dorothy O'Brien, Address: 6111 Weber Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

DUE TO (b): THROMBOPHLEBITIS, LEFT LOWER EXTREMITY, ETIOLOGY UNDETERMINED — UNDETERMINED

DUE TO (c): 463 X F

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

O.K. Paul J. Simon Deputy Coroner 2/7/62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): FRACTURE AND DISLOCATION OF LEFT ANKLE, DIABETES MELLITUS

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): fell on ice

20c. TIME OF INJURY: 5 Hour ~~a.m.~~ p.m. Month, Day, Year: 1 1462

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.): 65

20f. CITY, TOWN, OR LOCATION: Cuba — COUNTY — STATE: Mo.

21. I attended the deceased from JANUARY 14, 1962, to FEB. 6, 1962 and last saw her/him alive on FEBRUARY 6, 1962
Death occurred at 4:15 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. O. Vermillion, M.D. M.D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 2/6/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2-9-62

23c. NAME OF CEMETERY OR CREMATORY: Kinder Cemetery

23d. LOCATION (City, town, or county) (State): Cuba, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Hoener Funeral Home, Cuba, Mo.

25. DATE RECD. BY LOCAL REG.: 2-7-1962

26. REGISTRAR'S SIGNATURE: Karl Smith, M.D.

MEDICAL CERTIFICATION

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address S. L.

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.