

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034634

DEPARTMENT OF PUBLIC HEALTH AND WELFARE *449*

Registration District No. \_\_\_\_\_ Primary Registration District No. *1002* Registrar's No. *4563*

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED SEP 24 1962</b>	
<b>1. PLACE OF DEATH</b> a. COUNTY <i>Jackson</i> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> Length of stay in lb <i>6 days</i> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hospital</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Vernon</i> c. CITY OR TOWN <i>Nevada</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <i>829 So. Cedar</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3. NAME OF DECEASED</b> First <i>Luverah</i> Middle _____ Last <i>Belcher</i>	
<b>4. DATE OF DEATH</b> <i>September 5, 1962</i>	
<b>5. SEX</b> <i>Female</i>	<b>6. COLOR OR RACE</b> <i>White</i>
<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <i>7-7-1899</i>
<b>9. AGE (last birthday)</b> <i>63</i>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <i>At Home</i>	
<b>11. BIRTHPLACE</b> (City and state or country) <i>Indiana Territory, Okla. U.S.A.</i>	
<b>12. CITIZEN OF WHAT COUNTRY</b>	
<b>13a. FATHER'S NAME</b> <i>Isaac Newton Smith</i>	
<b>13b. MOTHER'S MAIDEN NAME</b> <i>Sara Frances Hodge</i>	
<b>14. NAME OF HUSBAND OR WIFE</b> <i>Clarence D Belcher</i>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> <i>none</i>	
<b>17. INFORMANT</b> <i>Marvin Belcher</i> Address <i>Nevada, Missouri</i>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis, Basilar Artery</i> DUE TO (b) <i>Artery</i> DUE TO (c) <i>Arterial Hypertension</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____	
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE	
<b>21. I attended the deceased from</b> <i>Aug 30, 1962</i> to <i>Sept 5, 1962</i> and last saw her alive on <i>9-5-62</i> Death occurred at <i>3:40</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
<b>22. SIGNATURE</b> (Degree or title) <i>Donald F. Coburn M.D.</i>	
<b>22b. ADDRESS</b> <i>6400 Prospect Kansas City 32, Mo</i>	
<b>22c. DATE SIGNED</b> <i>9-7-62</i>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <i>Removal</i>	
<b>23b. DATE</b> <i>9/6/62</i>	
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <i>Newton Burial Park</i>	
<b>23d. LOCATION</b> (City, town, or county) (State) <i>Nevada, Missouri</i>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <i>Eichinger-Milster Funeral Home Nevada, Missouri</i>	
<b>25. DATE RECD. BY LOCAL REG.</b> <i>9.6.62</i>	
<b>26. REGISTRAR'S SIGNATURE</b> <i>Ruth Long</i>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *Donald F. Coburn*

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
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SEP 25 1962

Mr. Colburn  
Get 1045 Em 1 22 41  
~~229 Plgn~~ June 1962 64th Precinct  
21:00 + 3:00  
Rm 207

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 Gregory F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, Missouri

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.