MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001286

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 32

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425
2 0425
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4 0
5 1
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8 2
9 334XF
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12 26-2
13 1-0

FILED JAN 28 1963

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Rest Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Pongue Bldg.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First WILLIAM Middle CLETUS Last BELLISIME

4. DATE OF DEATH Month Jan Day 25 Year 1963

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-6-1881
9. AGE (last birthday) 81
IF UNDER 1 YEAR Months 7 Days 19
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Coal Miner
11. BIRTHPLACE (City and state or country) Knobnoster Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Chas Bellisime
13b. MOTHER'S MAIDEN NAME Martha Jobe
14. NAME OF HUSBAND OR WIFE Anna Belle Bellisime

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Helen Bellisime Address Colo. Springs Colo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral arterial sclerotic disease — 1 yr
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
fracture of the hip 2 mo. operated

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

19. 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 INJURY Hour 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 1960. to death and last saw ~~her~~ him alive on 1-24-63
Death occurred at 12 00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C R Wetzel (Degree or title) DO
22b. ADDRESS Clinton, Mo
22c. DATE SIGNED 1-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-28-63
23c. NAME OF CEMETERY OR CREMATORY Englewood
23d. LOCATION (City, town, or county) Clinton (State) Mo.

24. FUNERAL DIRECTOR F. L. SCHABERG ADDRESS Clinton Mo.
25. DATE RECD. BY LOCAL REG. JAN 26-1963
26. REGISTRAR'S SIGNATURE Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

FEB 1 1963

Permit Obtained 1-26-63

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 F L Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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.