

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007668

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 210

Primary Registration District No. 24

Registrar's No. 24

FILED MAR 12 1963

1. PLACE OF DEATH

a. COUNTY

Mercer

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR
TOWN Princeton

Length of stay in 1b
2 Yrs.

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Mercer Nursing Home

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Mercer

c. CITY
OR
TOWN Princeton

RAVANNA

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(if outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

LUELLA

BELVEL

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/10/1881

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

2 29

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Mercer County, Missouri U.S.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Henry Swift

13b. MOTHER'S MAIDEN NAME

Cardelia Corder

14. NAME OF HUSBAND OR WIFE

Roy Belvel

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

Gilbert Belvel - Davenport, Iowa

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH
imm.

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

DUE TO (b)

Thrombophlebitis

1 mo.

DUE TO (c)

Arteriosclerotic Vascular Disease

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

☐ 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 2-26-63 to 3-9-63 and last saw her alive on 3-6-63
Death occurred at 12:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles A. Clark, M.D.

22b. ADDRESS

Princeton, Mo.

22c. DATE SIGNED

3-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

March 11, 1963

23c. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

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

Lineville, Iowa

(State)

24. FUNERAL DIRECTOR

Martin & Azhell - Princeton, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-11-63

26. REGISTRAR'S SIGNATURE

Paul Marshall

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

10650

20650

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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 Lynnan Ogles

Licensed Embalmer No. 5020

P. O. Address Princeton, 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.

Permitted 3-11-63 J.M.