

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-347689

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC 28 1965

## 1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in 1b

17 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

DOA Wetzel Hospital

Inside Limits

Yes ☒ No ☐

c. CITY

OR  
TOWN

Clinton

d. STREET  
ADDRESS

105 W. Leona

(If outside, give location)

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
SIDNEYMiddle  
FORRESTLast  
BELCHER4. DATE  
OF  
DEATHMonth  
DecemberDay  
20Year  
1965

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6/4/97

## 9. AGE (last birthday)

68

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)

Oil Business

10b. KIND OF BUSINESS OR INDUSTRY

Belton, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Sidney James Belcher

13b. MOTHER'S MAIDEN NAME

Alice Catherine Herr

14. NAME OF HUSBAND OR WIFE

Lillian Belcher

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.

487-01-3834

17. INFORMANT

Lillian Belcher, Clinton, Mo.

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

IMMEDIATE CAUSE (a)

Acute Myocardial Insufficiency

INTERVAL BETWEEN  
ONSET AND DEATH

Minutes

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

DUE TO (b)

Acute Coronary Artery Occlusion

minutes

DUE TO (c)

Coronary Artery Sclerosis

years

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 ☐ Unknown19. 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  
INJURYHour  
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 1962

to 12-20-65

and last saw her alive on 12-20-65

Death occurred at 10<sup>00</sup> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

C. L. Glaspy A.O.

(Degree or title)

22b. ADDRESS

Clinton Mo.

22c. DATE SIGNED

12/21/65

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

Dec 23, 65

23c. NAME OF CEMETERY OR CREMATORY

Belton Cemetery

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

Cass County, Missouri

(State)

24. FUNERAL DIRECTOR

Consalus

ADDRESS

Clinton, Missouri

25. DATE REC'D. BY LOCAL REG.

12-22-65

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

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

JAN

4 1966

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

Eugene R. Consalman

Licensed Embalmer No. 4680

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.

Permit Obtained

12-22-65

(113)