

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

333338  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5507 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Herry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Herry</u>	
b. CITY OR TOWN <u>La Blue</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>La Blue - Rural</u>	
c. LENGTH OF STAY (in this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>Near La Blue Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Davis Township</u>			
3. NAME OF DECEASED a. (First) <u>DUDLEY</u> b. (Middle) <u>-</u> c. (Last) <u>BELTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>April 21, 1862</u>	
9. AGE (In years last birthday) <u>88</u> if UNDER 1 YEAR Months <u>5</u> Days <u>24</u> if UNDER 1 MRS. Hours <u>-</u> Min. <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Stark Co. Ill</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			
13a. FATHER'S NAME <u>Herry Belton</u>		13b. MOTHER'S MAIDEN NAME <u>Cherity</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Arthur Middleburg</u>		ADDRESS <u>La Blue Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>-</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Yes</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>Oct 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 13</u> , 19 <u>50</u> , and that death occurred at <u>3:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>S. B. Myler, M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>10/16/50</u>			
24a. BURIAL: CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 17, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Emberwood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 17-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E. A. Crisanti</u>		ADDRESS <u>Clinton Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5470

RECEIVED 10.23.50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10.23.50

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, ~~on~~ by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed W. L. Vassant

Licensed Embalmer No. 3779

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 this body is not embalmed, fact should be so stated above.