

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013499

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 105 STATE FILE NUMBER

AMENDED

<p>FILED MAY 1 1961</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u></p>			
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor Mo.</u></p> <p>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rock Island Addition</u></p>		<p>Length of stay in lb <u>68 Years</u></p> <p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>c. CITY OR TOWN <u>Windsor Mo.</u></p> <p>d. STREET ADDRESS (If outside, give location) <u>Rock Island Addition</u></p> <p>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Harry Herbert Belcher</u></p>			<p>4. DATE OF DEATH Month Day Year <u>April 22 1961</u></p>		
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>12-3-1892</u></p>		
<p>9. AGE (last birthday) <u>68</u></p>		<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>		
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY</p>	<p>11. BIRTHPLACE (City and state or country) <u>Windsor Mo.</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p>	
<p>13a. FATHER'S NAME <u>Thomas B. Belcher</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Effie Settles</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Unknown</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u></p>	<p>16. SOCIAL SECURITY NO. <u>494-16-8919</u></p>	<p>17. INFORMANT Address <u>Rolla Belcher Windsor Mo.</u></p>			
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u></p> <p>CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>Coronary Artery Disease</u></p> <p>DUE TO (c)</p>				<p>INTERVAL BETWEEN ONSET AND DEATH <u>Nil</u></p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY</p>	<p>STATE</p>	
<p>21. I attended the deceased from <u>Dec 17 '60</u> to <u>April 22 '61</u> and last saw him alive on _____</p> <p>Death occurred at <u>9 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE <u>Claude M. Shuster M.D.</u> (Sign or title)</p>		<p>22b. ADDRESS <u>Windsor, Mo</u></p>		<p>22c. DATE SIGNED <u>4-26-61</u></p>	
<p>23a. BY BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>4-26-1961</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) <u>Windsor</u></p>	<p>(State) <u>Mo.</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>Ellis M. Huston Windsor Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>April 28, 1961</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

MAY 2 1961

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 Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor

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.