

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001286

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

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

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

<b>FILED JAN 28 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <u>Henry</u>	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>	STATE <u>Missouri</u> b. COUNTY <u>Henry</u>
Length of stay in 1b	c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jallog Rest Home</u>	d. STREET ADDRESS (If outside, give location) <u>Porogue Bldg.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED - First Middle Last <u>WILLIAM CLETUS BELLISIME</u>	4. DATE OF DEATH Month <u>Jan</u> Day <u>25</u> Year <u>1963</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-6-1881</u>
9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Miner</u>
11. BIRTHPLACE (City and state or country) <u>Knobnoster Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Chas Bellissime</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Jobe</u>
14. NAME OF HUSBAND OR WIFE <u>Anna Belle Bellissime</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>
16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Mrs Helen Bellissime Colo. Sppt Ctr</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Hypostatic pneumonia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
DUPLICATE (b) <u>Cerebral arterial sclerotic disease</u>	<u>1 yr</u>
DUPLICATE (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
<u>fracture of the hip 2 mo. operatd</u>	
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <u>1960</u> to <u>death</u> and last saw <sup>her</sup> him alive on <u>1-24-63</u> . Death occurred at <u>12:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>E R Wetzel, D O</u>	22b. ADDRESS <u>Clinton, Mo</u>
22c. DATE SIGNED <u>1-25-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-28-63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	
23d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>	
24. FUNERAL DIRECTOR <u>F. L. SCHABERG</u> ADDRESS <u>Clinton Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 26-1963</u>
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

FEB 1 1963

2-1-63  
0-4-63

Permit Obtained 1-26-63

**STATEMENT BY LICENSED EMBALMER**

2-1-63

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.

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