

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032119

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 95

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

<p><b>FILED AUG 28 1962</b></p> <p>1. PLACE OF DEATH a. COUNTY <u>Ray</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u></p>											
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u></p>		<p>Length of stay in 1b <u>5 years</u></p>		<p>c. CITY OR TOWN <u>Orrick</u></p>		<p>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>							
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Toner's Rest Haven</u></p>		<p>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) <u>4 miles north of Orrick</u></p>		<p>Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>							
<p>3. NAME OF DECEASED (Type or print) First <u>ROXIE</u> Middle <u>ELLEN</u> Last <u>BELLIS</u></p>			<p>4. DATE OF DEATH Month <u>August</u> Day <u>25</u> Year <u>1962</u></p>										
<p>5. SEX <u>Female</u></p>		<p>6. COLOR OR RACE <u>White</u></p>		<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <u>10/22/1884</u></p>		<p>9. AGE (last birthday) <u>77</u></p>		<p>IF UNDER 1 YEAR Months Days Hours Min.</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>Housewife</u></p>				<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>					
<p>13a. FATHER'S NAME <u>William Barber</u></p>				<p>13b. MOTHER'S MAIDEN NAME <u>Elizabeth White</u></p>				<p>14. NAME OF HUSBAND OR WIFE <u>George A. Bellis</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>NO</u></p>				<p>16. SOCIAL SECURITY NO. <u>None</u></p>		<p>17. INFORMANT Address <u>George A. Bellis, Orrick, 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: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u></p>										<p>INTERVAL BETWEEN ONSET AND DEATH</p>			
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</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 checked="" 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 _____ COUNTY _____ STATE _____</p>					
<p>21. I attended the deceased from <u>1-1-62</u> to <u>8-25-62</u> and last saw <u>him</u> alive on <u>8-24-62</u>. Death occurred at <u>12:15 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>													
<p>22a. SIGNATURE (Degree or title) <u>Thomas B. Cook M.D.</u></p>						<p>22b. ADDRESS <u>Richmond, Mo.</u></p>			<p>22c. DATE SIGNED <u>8/25/62</u></p>				
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>Aug. 27, 1962</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>South Point Cemetery</u></p>			<p>23d. LOCATION (City, town, or county) (State) <u>Orrick, Mo.</u></p>						
<p>24. FUNERAL DIRECTOR ADDRESS <u>Thurman Funeral Home, Richmond, Mo.</u></p>						<p>25. DATE RECD. BY LOCAL REG. <u>8-25-1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u></p>					

SEP 5 1962

**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,

~~by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leard Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.