No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 26040

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5055 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Cappa Creek
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Cappa Creek
d. STREET ADDRESS (If rural, give location): RR #1

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) — c. (Last) Belt

4. DATE OF DEATH (Month) 7 (Day) 21 (Year) 49

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 7-5-1873
9. AGE (In years last birthday): 76 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Herman Belt
13b. MOTHER'S MAIDEN NAME: Mary Hankie
14. NAME OF HUSBAND OR WIFE: Bertha Belt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Kate Schemlura ADDRESS:

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina pectoris — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4202

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* July 21, 1949, *that I last saw the deceased alive on* July 21, 1949, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles S. Moore (Degree or title): DO.
23b. ADDRESS: Pierce City Mo
23c. DATE SIGNED: 7/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-23-49
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
24d. LOCATION (City, town, or county) (State): Pierce City, Mo.

DATE REC'D BY LOCAL REG.: 8-24-49
REGISTRAR'S SIGNATURE: W. M. West
25. FUNERAL DIRECTOR'S SIGNATURE: William J. Wessell ADDRESS: Pierce City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 30 1949
District Health Office No. 6
District File Number 849-1011
Date Filed 8-31-49

SEP 9 1949

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. 227 ..... working under my personal supervision.

Student Charles E. Schroeder
Student Embalmer

Signed Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett 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.