No. 300
10.48

FILED MAY 18 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19145

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 18

1001
3

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

**1. PLACE OF DEATH**
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE
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): CHAFFEE

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FESTUS Mo 0502
d. STREET ADDRESS (If rural, give location): 1 — 24 Oct 45 — 51

**3. NAME OF DECEASED** (Type or Print): a. (First) CHARLES b. (Middle) W. c. (Last) BELMAR

**4. DATE OF DEATH** (Month) (Day) (Year): APPROX. 43 YRS

**5. SEX:** MO
**6. COLOR OR RACE:** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): DONT KNOW 9
**8. DATE OF BIRTH:** DONT KNOW
**9. AGE** (In years last birthday): Approx 43 — 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): ✓
**10b. KIND OF BUSINESS OR INDUSTRY:** ✓
**11. BIRTHPLACE** (State or foreign country): DONT KNOW 9
**12. CITIZEN OF WHAT COUNTRY?** ✓

**13a. FATHER'S NAME:** DONT KNOW
**13b. MOTHER'S MAIDEN NAME:** "
**14. NAME OF HUSBAND OR WIFE:** ✓

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
**16. SOCIAL SECURITY NO.:** ✓
**17. INFORMANT'S SIGNATURE OR NAME:** NO RECORD — ADDRESS:

**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.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Frozen by Exposure + Other Natural Causes

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.*

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION:**
**19b. MAJOR FINDINGS OF OPERATION:** E9329
**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): 100 46
**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* First Call, *to* after Death, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Clyde Poe Coroner
**23b. ADDRESS:** Sikeston Mo.
**23c. DATE SIGNED:** 5/4/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE:** MAY 4-1951
**24c. NAME OF CEMETERY OR CREMATORY:** Union Park Cem
**24d. LOCATION** (City, town, or county) (State): CHAFFEE Mo.

**DATE REC'D BY LOCAL REG.:** May 9-51
**REGISTRAR'S SIGNATURE:** Mrs F Bragg 445
**25. FUNERAL DIRECTOR'S SIGNATURE:** TUBBS' FUNERAL HOME — ADDRESS: CHAFFEE Mo
(Licensed Embalmer's Statement on Reverse Side) [signature]

RECEIVED MAY 11 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 551-114

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## 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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**