

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27579

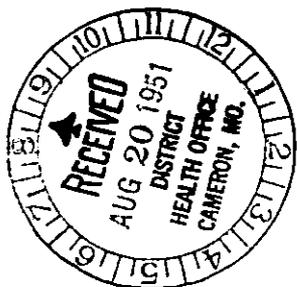
FILED AUG 25 1951

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3040 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Laredo</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs. Miller's Convalescent Home.</u>			
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>O</u> c. (Last) <u>Belske.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 4 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 31 1874</u>
9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 2 WKS. Hours <u>3</u>	9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own Business</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Newton Belske.</u>		13b. MOTHER'S MAIDEN NAME <u>Susan May</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes Spanish American War 1917-1918</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Muriel Owens</u> ADDRESS <u>Junction Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular fibrillation</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Myocarditis</u> <u>3 months</u> DUE TO (c) <u>Common bile duct obstruction</u> <u>5 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>(1) la. gums (2)</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>4222H</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 1950</u> , to <u>Aug. 1951</u> , that I last saw the deceased alive on <u>3 Aug</u> , 19 <u>51</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles M. Grace</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Chillicothe, Mo.</u>	23c. DATE SIGNED <u>4 Aug 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>August 6 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laredo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laredo Mo</u>
DATE REC'D BY LOCAL REG. <u>Aug 14/51</u>	REGISTRAR'S SIGNATURE <u>Francis B. Weill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u> ADDRESS <u>Funeral Home Laredo Mo</u>	



AUG 25 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *J. W. Robertson*.....

Licensed Embalmer No. *4388*.....

P. O. Address *St. Louis, 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.