

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37106

FILED DEC 10 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 3A

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| 1. PLACE OF DEATH a. COUNTY <u>Howell</u> <u>0460</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs,</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs,</u> <u>0460</u> | |
| c. LENGTH OF STAY (In this place) <u>30 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Brunner Rest Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>Georgia Anna Belshe</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 22, 1951</u> |
|--|------------|-------------|-----------|--|

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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Aug. 27, 1872</u> | 9. AGE (In years last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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|--|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>M</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>J. W. Maddox</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Rollins</u> | 14. NAME OF HUSBAND OR WIFE <u>Wm. B. Belshe</u> |
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| 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Wade Belshe</u> ADDRESS <u>Willow Springs, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, Malnutrition, Severe atherosclerosis</u> | | | <u>Longstanding</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cholecystitis & Cholelithiasis</u> | | | |
| DUE TO (c) <u>Arthritis, Generalized, severe</u> | | <u>Longstanding</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental deterioration, progressive, approx 3 months</u> | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>584X</u> |
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22. I hereby certify that I attended the deceased from 11/15, 1951 to 11/13, 1951, that I last saw the deceased alive on 11/13, 1951, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Wade Belshe</u> (Degree or title) | 23b. ADDRESS <u>Willow Springs, Mo.</u> | 23c. DATE SIGNED <u>11/24/51</u> |
|---|---|----------------------------------|

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|---|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11/24/51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Willow Springs, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec 1, 1951</u> | REGISTRAR'S SIGNATURE <u>Marshall Ballard</u> <u>327</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Funeral Home</u> ADDRESS <u>Willow Springs, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED | DEC 4 1951

Dist. File 12-51-3022

Date Filed 12-1-51

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 Frederic W. Barnes

Licensed Embalmer No. 4614

P. O. Address Mellow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.