

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **360**
Registrar's No. **1997 S. 1919**

V. S. No. 300
Rev. 10-48

FILED JAN 25 1952
BIRTH NO. **509-52** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

0124

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Castor	
c. LENGTH OF STAY (in this place) Hrs.		1030 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Elvis b. (Middle) Guy c. (Last) Belcher			4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH Jan. 3, 1952
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min. 10 30
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) Missouri
12. CITIZENRY OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Carl Belcher	
13b. MOTHER'S MAIDEN NAME Naomia Bereybach		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service)		16. SOCIAL SECURITY NO. -----	
17. INFORMANT'S SIGNATURE OR NAME Carl Belcher		ADDRESS Bloomfield, Mo. R# 2	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (Twin) 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 774X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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?			
22. I hereby certify that I attended the deceased from 1-3-1952 to 1-4-1952 ; that I last saw the deceased alive on 1-4-52 , 19 52 , and that death occurred at 1:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Arthur C. Parker M.D.		23b. ADDRESS Poplar Bluff Mo.	
23c. DATE SIGNED 1/4/52		23d. NAME OF CEMETERY OR CREMATORY Hill Cemetery	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-5-52	
24c. NAME OF CEMETERY OR CREMATORY Hill Cemetery		24d. LOCATION (City, town, or county) (State) Stoddard Mo.	
DATE REC'D BY LOCAL REG. Jan. 14 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE Chiles Und. Co.		ADDRESS Bloomfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JAN 22 1952
BUTLER CO. HEALTH CENTER
FILE No. 152-36

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.....

Child was not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.