

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8990

State File No. \_\_\_\_\_  
Registrar's No. 137

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5141

120  
1

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Butler</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>COUNTY<br><b>Butler</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>Quin, Mo. Rte. 2</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><b>Quin, Missouri Rte. 2</b>                                     |  |
| c. LENGTH OF STAY (in this place)<br><b>Life</b>  |  | d. STREET ADDRESS (If rural, give location)<br><b>0120</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Home</b>  |  |  |  |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Virgil</b><br>b. (Middle) <b>J.</b><br>c. (Last) <b>Belote</b> |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>March 18, 1953</b> |  |  |
|--|--|--|---|--|--|

|   |                                  |  |  |  |  |                                       |   |                                     |
|---|----------------------------------|--|--|--|--|---------------------------------------|---|-------------------------------------|
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>December 4, 1896</b>  | 9. AGE (In years last birthday)<br><b>56</b> | IF UNDER 1 YEAR<br>Months<br><b>6</b>                        | IF UNDER 24 HRS.<br>Days<br><b>14</b> | IF UNDER 1 MIN.<br>Hours<br><b></b>           | IF UNDER 1 MIN.<br>Mins.<br><b></b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farming</b> |                                  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b></b> |  | 11. BIRTHPLACE (State or foreign country)<br><b>Missouri</b> |                                       | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |                                     |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><b>Johnnie Belote</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Nanny Dunham</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mary Belote</b> |  |
|---|--|--|--|---|--|

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>None</b> |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mary Belote</b> |  | ADDRESS<br><b>Quin, Missouri Rte 2</b> |  |
|---|--|--|--|---|--|--|--|

|   |  |   |  |  |  |  |  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of throat and lung</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 M.</b> |  |
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|---|--|---|--|--|--|---|--|
| 19a. DATE OF OPERATION<br><b>6-1-53</b> |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>148X</b> |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
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|  |  |  |   |   |  |
|--|--|--|---|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>✓</b>               |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>✓</b> |   | 21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)<br><b>✓</b> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)<br><b>✓</b> |  |  | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?<br><b>✓</b> |

22. I hereby certify that I attended the deceased from **March 17, 1953**, to **March 18, 1953**, that I last saw the deceased alive on **March 17, 1953**, and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

|  |  |                                |  |                                    |  |
|--|--|--------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><b>Scott Cook M.D.</b> |  | 23b. ADDRESS<br><b>Quin Mo</b> |  | 23c. DATE SIGNED<br><b>3/18/53</b> |  |
|--|--|--------------------------------|--|------------------------------------|--|

|  |  |                                    |  |  |  |   |  |
|--|--|------------------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cemetery</b> |  | 24b. DATE<br><b>March 21, 1953</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Carola Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Quin, Missouri Rte. 1</b> |  |
|--|--|------------------------------------|--|--|--|---|--|

|  |  |  |  |   |  |                                 |  |
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| DATE REC'D BY LOCAL REG.<br><b>3-19-53</b> |  | REGISTRAR'S SIGNATURE<br><b>Wm. H. Johnson</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Landess Funeral Home</b> |  | ADDRESS<br><b>Campbell, Mo.</b> |  |
|--|--|--|--|---|--|---------------------------------|--|

RECEIVED

MAR 31 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-152

**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

*Christina M. Landers*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.