

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39940**

FILED NOV 20 1953

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **138**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE	
b. CITY OR TOWN LOUISIANA	c. LENGTH OF STAY (in this place) 12 YRS	c. CITY OR TOWN LOUISIANA	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MINERAL SPRING HOSP.		e. STREET ADDRESS (If rural, give location) 908 IOWA STREET	

3. NAME OF DECEASED (Type or Print)	a. (First) DELBERT	b. (Middle) HERON	c. (Last) BELT	4. DATE OF DEATH (Month) (Day) (Year) NOV. 9, 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 6, 1976	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 1 Days 3	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRIDGET BLDG. CARPENTER - RAILROAD	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) AUBURN, INDIANA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALBERT W. BELT	13b. MOTHER'S MAIDEN NAME SARAH KNIGHT	14. NAME OF HUSBAND OR WIFE LILY BELT
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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) No	16. SOCIAL SECURITY NO. 707-07-3923	17. INFORMANT'S SIGNATURE OR NAME LILY BELT - LOUISIANA, MO.	ADDRESS LOUISIANA, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 HOURS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MIOCARDIA DECOMPENSATION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRONCHIAL PNEUMONIA 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 491 X	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **OCT. 21, 1953**, to **NOV. 9, 1953**, that I last saw the deceased alive on **NOV. 9, 1953**, and that death occurred at **12:15 P.M.**; from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title)	23b. ADDRESS LOUISIANA, MO.	23c. DATE SIGNED NOV 10, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE NOV 11, 1953	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) BROOKFIELD, MO.
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DATE REC'D BY LOCAL REG NOV 10, 1953	REGISTRAR'S SIGNATURE Berniece Collier	1374	25. FUNERAL DIRECTOR'S SIGNATURE Geo. M. Collier	ADDRESS Louisiana, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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