

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **5546**FILED MAR 8 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **241** PRIMARY REG. DIST. NO. **4362** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Portageville</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>Portageville</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>0720</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b> b. (Middle) <b>Elmora</b> c. (Last) <b>Bellon</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 21 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 22 1865</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>✓</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Creola Springs, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Alfred Mc Gowan</b>		13b. MOTHER'S MAIDEN NAME <b>Joseph Bonham Bellon</b>		14. NAME OF HUSBAND OR WIFE <b>Louis Bellon Portageville, Mo</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>✓</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Louis Bellon Portageville, Mo</b>	

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 <b>5 minutes</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis, generalized</b>		
	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		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) <b>Portageville, New Madrid, Mo.</b>	
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 **21 Feb 1954**, to **21 Feb 1954**, that I last saw the deceased alive on **21 Feb 1954**, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Hunter Jr., M.D.</b>		23b. ADDRESS <b>Portageville, Mo.</b>		23c. DATE SIGNED <b>3-2-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 25, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Portageville New Madrid</b>	
24d. LOCATION (City, town, or county) (State) <b>Portageville, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellen DeLisle 219</b>		ADDRESS <b>DeLisle Funeral Parlor - Portageville Mo</b>	
DATE REC'D BY LOCAL REG. <b>Mar 2, 1954</b>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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. 448  
P. O. Address Princeton

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.