

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8500

State File No. ....

BIRTH NO. FILED MAR 18 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 944

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3508</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>211 East 34th Terrace</u>	

3. NAME OF DECEASED (Type or Print) <u>CORA</u>	a. (First)	b. (Middle)	c. (Last) <u>Belt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 2 1954</u>
--	------------	-------------	-----------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>11-30-1885</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	IF UNDER 2 HRS. Hours <u>2</u> Min.
----------------------	-------------------------------	---	------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Seamstress</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Clinton Co. Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Garrett Berry</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy G. Hall</u>	14. NAME OF HUSBAND OR WIFE <u>Hick Belt deceased</u>
---	--	---

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>-</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Mae Palmer Smithville, Mo.</u>
--	----------------------------------	---

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  <u>451x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Dissecting Aneurysm Aorta</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Cardiac Failure</u>		
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 checked="" 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) m.	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 11-19-54, 1954, that I last saw the deceased alive on 11-19-54, and that death occurred at 11-19-54 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert K. B. Allebach</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2300 Holmes, K.C., Mo.</u>	23c. DATE SIGNED <u>3-2-54</u>
---	--	--------------------------------

24a. BURIAL CREMATION (REMOVAL) <u>Burial</u>	24b. DATE <u>3-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Smithville Mo.</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>3-3-54</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McComas Funeral Home Smithville Mo.</u>
--	--	--

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

JUN 4 1934

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.....

*S. A. McComas*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.