

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26285

State File No. ....

FILED AUG 23 1954

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>888</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is 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 <u>1117 Messanie St.</u>				e. STREET ADDRESS (If rural, give location) <u>1117 Messanie St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mabel</u>			b. (Middle) <u>Irene</u>			c. (Last) <u>Belton</u>	
4. DATE OF DEATH <u>August 10, 1954</u>			5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>			8. DATE OF BIRTH <u>May 3, 1881</u>		9. AGE (in years last birthday) <u>73</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rochester, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>David Caldwell</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Surles</u>		
14. NAME OF HUSBAND OR WIFE <u>Clyde</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mat Heckel, 1117 Messanie, St. Joseph, Mo.</u>			17. INFORMANT'S SIGNATURE OR NAME		ADDRESS <u>St. Joseph, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Myeloma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>203X</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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 <u>8/8, 1954</u> to <u>8/10, 1954</u> that I last saw the deceased alive on <u>8/8, 1954</u> , and that death occurred at <u>8:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Redmond M.D.</u> (Degree if title)				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>8/12/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8/13/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 17, 1954</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Bauman</u> ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *James P. Hawkins*.....

Licensed Embalmer No...452

P. O. Address 319 La 10<sup>th</sup> St

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.