

8076

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

378

Registrar's No. ....

1000

PRIMARY REG. DIST. NO. ....

42

REG. DIST. NO. ....

BIRTH NO. ....

## 1. PLACE OF DEATH

a. COUNTY Buchananb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Josephc. LENGTH OF STAY (in this place) 244-1-24c. CITY OR TOWN St Josephd. Is Residence within limits of a city or incorporated town? Yes  No d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 2

e. STREET ADDRESS (If rural, give location)

2918 No. 10<sup>th</sup> St

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Chloe

b. (Middle)

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c. (Last)

Belinger

4. DATE OF DEATH

(Month) (Day) (Year)

April 2-1956

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

## 8. DATE OF BIRTH

March 13-1876

## 9. AGE (In years last birthday)

60

## 10. UNDER 1 YEAR

Months 29

## 11. UNDER 2 HRS.

Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and State or Foreign Country)

Missouri

## 12. CITIZEN OF WHAT COUNTRY?

USA

## 13a. FATHER'S NAME

Frank Morrison

## 13b. MOTHER'S MAIDEN NAME

Sarah A Lambert

## 14. NAME OF HUSBAND OR WIFE

Julius E. Belinger

## 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.

none

## 17. INFORMANT'S SIGNATURE OR NAME

Julius E. Belinger 2918 No. 10 St St Joseph Mo

## ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

## MEDICAL CERTIFICATION

Chronic myocarditisArteriosclerosisDementia Praecox Catatonic Type

## INTERVAL BETWEEN ONSET AND DEATH

2400

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

## 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

4221

## 20. AUTOPSY?

YES  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) (m.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 4 1956, to April 2, 1956, that I last saw the deceased alive on April 2, 1956, and that death occurred at 2:20 P m., from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

Forrest Thomas MD

## 23b. ADDRESS

St Joseph No 1 St. Joseph Mo

## 23c. DATE SIGNED

4/2-56

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 24b. DATE

4/5/1956

## 24c. NAME OF CEMETERY OR CREMATORY

Amagonia

## 24d. LOCATION (City, town, or county)

Amagonia Mo

## (State)

## DATE REC'D BY LOCAL REG.

Apr 6, 1956

## REGISTRAR'S SIGNATURE

Ethel M. Allison

## 25. FUNERAL DIRECTOR'S SIGNATURE

Barry-Harman - St. Joseph, Mo

## ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

2

485

FILED APR 9 - 1956

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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 *Charles M. Harman*

Licensed Embalmer No. *4487*

P. O. Address *W. H. S. S. S.*

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.