THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23345

STATE FILE NUMBER

FILED JUL 30 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 674

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|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Greene | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Greene |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Inside Limits Yes X No ☐ | c. CITY OR TOWN Springfield 0396 Inside Limits Yes X No ☐ |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Burge Hospital Length of stay in 1b 5 days | d. STREET ADDRESS (If outside, give location) 1044 Cherry Reside on Farm Yes ☐ No X |

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|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Middle Last: Jeannette Belzung | | 4. DATE OF DEATH Month Day Year: July 21, 1956 | |
| 5. SEX: Female | 6. COLOR OR RACE: White | 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ | 8. DATE OF BIRTH: April 15, 1875 |
| 9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. 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: In Home | 11. BIRTHPLACE (City and state or country): Lyons, France 5 | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME: John Weidmann | | 14. MOTHER'S MAIDEN NAME: Barbara Helmer | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address: Miss Beatrice Belzung Springfield, Mo. | |

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 443X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July, 1955, to July 21, 1956 and last saw her/him alive on 7/21/56

Death occurred at 8 P. M m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title): L. Richard Webb, Jr., M.D. | 22b. ADDRESS: 609 Cherry St., Springfield, Mo. | 22c. DATE SIGNED: 7/23/56 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Removal | 23b. DATE: July 22, 1956 | 23c. NAME OF CEMETERY OR CREMATORY: Forrest Park |
| 23d. LOCATION (City, town, or county) (State): Fort Smith, Arkansas | | |
| 24. FUNERAL DIRECTOR ADDRESS: Tomas Schaff Funeral Home Springfield Mo | 25. DATE RECD. BY LOCAL REG.: 7-24-56 | 26. REGISTRAR'S SIGNATURE: Edith Williamson |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....38

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.