

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **53**

FILED JAN 28 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Melan</u>		10 <input checked="" type="checkbox"/> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grand Smith</u>			Length of stay in 1b <u>12 hours</u>		d. STREET ADDRESS (If outside, give location) <u>Route 5</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Direct</u> <u>Bellard</u> <u>Russell</u> <u>Belkita</u> <u>Last</u>				4. DATE OF DEATH Month <u>Jan</u> Day <u>29</u> Year <u>1957</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10/16/04</u>		9. AGE (In years last birthday) <u>52</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Sullivan County, Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Orval E. Belkita</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Ely Hart</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Amos Belkita Melan</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ruptured varicose veins of esophagus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cirrhosis of liver</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>5810</u>								INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>2 years</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1-2-57</u> to <u>1-19-57</u> and last saw her alive on <u>1-19-57</u> Death occurred at <u>11:35</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J. H. Simpson M.D.</u> (Degree or title)				22b. ADDRESS <u>Kirkville, Missouri</u>		22c. DATE SIGNED <u>1-19-57</u>			
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE <u>1-22-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>SCHROCK</u>		23d. LOCATION (City, town, or county) <u>Melan</u>		(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>James Thomas Lewis</u> ADDRESS <u>Melan</u>				25. DATE RECD. BY LOCAL REG. <u>1-22-57</u>		26. REGISTRAR'S SIGNATURE <u>Dore W. Ratliff</u>			

(Licensed Embalmer's Statement on Reverse Side)

300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FEB 27 1957

APR 2 1957

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 *[Handwritten Signature]*

Licensed Embalmer No. 37

P. O. Address *[Handwritten 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.