

FILED JAN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

873

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>113</u>		PRIMARY REG. DIST. NO. <u>5434</u>		Registrar's No. <u>598</u>			
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-Prairie</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY OR TOWN <u>Lonedell</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles SE on Highway 30</u>				e. STREET ADDRESS (If rural, give location) <u>Lonedell Rt., Prairie Twp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Florentina</u>			b. (Middle)		c. (Last) <u>Belew</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18, 1957</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>Oct. 18, 1864</u>		9. AGE (In years last birthday) <u>92</u> 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) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Theo. Lippert</u>			13b. MOTHER'S MAIDEN NAME <u>Henrietta Elman</u>			14. NAME OF HUSBAND OR WIFE <u>Henry Belew</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ray Belew</u>			ADDRESS <u>Lonedell, 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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</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) _____							
		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? <u>4221</u> YES <input 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 <u>1-18-57</u> <u>4-24</u> , 19 <u>46</u> , to <u>Jan 15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-14</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>B. M. Stuhlman</u>				(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Union, Mo.</u>		23c. DATE SIGNED <u>1-19-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-20-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lonedell, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-20-57</u>		REGISTRAR'S SIGNATURE <u>Lloyd Williams</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Casey-Lenox</u>		ADDRESS <u>St. Clair, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

0360

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OCT 16 1958

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 *H. M. Lewis*

Licensed Embalmer No. *3601*

P. O. Address *St. Clair, Mich.*

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.