

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021877

State File No. _____

FILED JUN 18 1957

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 26-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Tuscumbia)		c. LENGTH OF STAY (In this place) 14 DA.	c. CITY OR TOWN Henley 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 Humphery Hospital		e. STREET ADDRESS (If rural, give location) Rural Route #1.	
3. NAME OF DECEASED (Type or Print) a. (First) CORA b. (Middle) no c. (Last) BELT		4. DATE OF DEATH (Month) (Day) (Year) June-13-57	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar-16-1890
9. AGE (In years last birthday) 67		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) House Wife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Henley Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Isaac Creekbaum	
13b. MOTHER'S MAIDEN NAME Sara Carrender		14. NAME OF HUSBAND OR WIFE Clarence Belt, Henley	
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 ADDRESS Clarence Belt Henley Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrolyte Imbalance		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostate Gland, Bladder & Uterus		4 weeks
	DUE TO (c) Cholelithiasis & Diabetes Mellitus		years
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? 584 X YES <input checked="" 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) _____	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 5-31-, 1957, to 6-13-, 1957, that I last saw the deceased alive on 6-13-57, 1957, and that death occurred at 11:15 P. m., from the causes and on the date stated above.

22a. SIGNATURE (Deponent's title) M. E. Humphrey D.O.	22b. ADDRESS Tuscumbia, Mo.	22c. DATE SIGNED 6-14-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-16-57	24c. NAME OF CEMETERY OR CREMATORY Hickory Hill
24d. LOCATION (City, town, or county) (State) Eugen Mo.		

DATE REC'D BY LOCAL REG. June 15, 1957	REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Stephens Russellville
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

JUN 17 57

Miller County
Health Department

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 *M. Steffen*

Licensed Embalmer No. *2307*

P. O. Address *Russell*

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.