

FILED DEC 23 1957

STANDARD CERTIFICATE OF DEATH

State File No. 45192

BIRTH NO. _____ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4364 Registrar's No. 38

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Newton | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton | |
| b. CITY (If outside corporate limits, write RURAL and give township) Stella | | c. CITY (If outside corporate limits, write RURAL and give township) Rural | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) Granby R # 2 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Cardwell Hospital | | | |

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|--|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) ORVES b. (Middle) ROY c. (Last) BELLOCK | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct, 22, 1957 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH July 24, 1892 | | 9. AGE (In years last birthday) 65 | | IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) / Churdan Iowa |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME William Bellcock | | 13b. MOTHER'S MAIDEN NAME Theresa Emerson | | 14. NAME OF HUSBAND OR WIFE Winnifred Bellcock | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. 492-42-8257 | | 17. INFORMANT'S SIGNATURE OR NAME Winnifred Bellcock, Granby Mo. ADDRESS _____ | |

| | | | | | |
|---|--|---|--|--|--|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute septicemia | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs. |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | 48 hrs. |
| | | DUE TO (b) Peritonitis | | | |
| | | DUE TO (c) Obstruction & perforation of ileum | | | 4 days. |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 5705 |

| | | | | | | |
|---|--|--|--|---|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Lap. for drainage - obstructed, perforated ileum | | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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 10/18 1957, to 10/22, 1957, that I last saw the deceased alive on 10/22, 1957, and that death occurred at 10 A m., from the causes and on the date stated above.

| | | | | | |
|---|--|--|--|---|--|
| 23a. SIGNATURE Fred R. Clark (Degree or title) D.O. | | 23b. ADDRESS Wheaton, Mo. | | 23c. DATE SIGNED 10/22/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 10/23/1957 | | 24c. NAME OF CEMETERY OR CREMATORY Franklin Twp. | |
| 24d. LOCATION (City, town, or county) (State) Jefferson Iowa | | 25. FUNERAL DIRECTOR'S SIGNATURE Orley Thompson Sr. | | ADDRESS Neosho Mo. | |
| DATE REC'D BY LOCAL REG. 12-10-57 | | REGISTRAR'S SIGNATURE Mildred Mohrley | | | |

(Licensed Embalmer's Statement of Reverse Side)

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

545

RECEIVED

District Health Officer No. Newton
District File Number 1257-294
Date Filed DEC 20 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 _____
Student Embalmer

Signed Barley Thompson Jr.

Licensed Embalmer No. 4861

P. O. Address Nezko, Ma

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 this body is not embalmed, fact should be so stated above.