

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028776
STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 837

1. PLACE OF DEATH a. COUNTY Greene.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Richland, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. Length of stay in lb 12 days		d. STREET ADDRESS None. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ovid. Middle Harvey Last Belshe.			4. DATE OF DEATH Month Aug. Day 25, Year 1958
5. SEX Male	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 19/1886
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months 71	IF UNDER 24 HRS. Days 71 Hours 71 Min. 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor		10b. KIND OF BUSINESS OR INDUSTRY Stockman.	11. BIRTHPLACE (City and state or country) Spring-Garden, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Robert S. Belshe.	
14. MOTHER'S MAIDEN NAME Lucy Thompson.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 475-38-8372-Unknown		17. INFORMANT Address Mrs. Autie Belshe Richland, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalomalacia due DUE TO (b) to cerebral thrombosis DUE TO (c) Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 332X			INTERVAL BETWEEN ONSET AND DEATH 1 month
19a. 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.) none		
20c. TIME OF INJURY Hour none Month, Day, Year none	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 8-13-58 to 8/25/58 and last saw not him alive on 8/25/58 Death occurred at 9:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. J. Darr (Degree or title) M.D.		22b. ADDRESS Springfield, Missouri	22c. DATE SIGNED 8/26/58
23a. BURIAL, CREMATION, REMOVAL SPECIFIED Burial	23b. DATE 8/27/58	23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery.	23d. LOCATION (City, town, or county) (State) Richland, Missouri
24. EMBALMER'S SIGNATURE Hedges Funeral Home ADDRESS Richland, Mo		25. DATE RECD. BY LOCAL REG. 8-28-58	26. REGISTRAR'S SIGNATURE Offie G. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

SEP 9 1958

SEP 17 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.....
Clarence Moss

Licensed Embalmer No. 489

P. O. Address *Waynesville*

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.