

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039773
STATE HEALTH DEPARTMENT

FILED DEC 1 1958 Registration District No. 145 Primary Registration District No. 5566 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Graniteville		c. CITY OR TOWN Graniteville ⁰⁴⁷⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) SIDNEY		4. DATE OF DEATH Month Day Year Nov. 18 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 March 7 1876	
9. AGE (In years of birthday) 82		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) driller		10b. KIND OF BUSINESS OR INDUSTRY granite quarry	
11. BIRTHPLACE (City and state or country) Bellevue Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Belcher		13b. MOTHER'S MAIDEN NAME Emaline Cauley	
14. NAME OF HUSBAND OR WIFE Mrs. Samantha Belcher		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.		17. INFORMANT Mrs. Sidney Belcher, Graniteville 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) Medullary Failure		INTERVAL BETWEEN ONSET AND DEATH 20 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic Encephalomacia		2 weeks	
DUE TO (c) Arteriosclerosis		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) / 332 X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 Graniteville		COUNTY Iron STATE Missouri	
21. I attended the deceased from Feb. 9, 1957 to 11-17-58 and last saw him alive on 11-17-58 Death occurred at 4.40 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. A. Hendigath (Doctor or title) DO, 2		22b. ADDRESS Bismarck, Mo	
22c. DATE SIGNED 11-19-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-21-58	
23c. NAME OF CEMETERY OR CREMATORY Middlebrook Cemetery		23d. LOCATION (City, town, or county) (State) Middlebrook Mo.	
24. FUNERAL DIRECTOR White Funeral Home, Iron ton Mo.		25. DATE RECD. BY LOCAL REG. Nov 28 - 1958	
26. REGISTRAR'S SIGNATURE Mrs. Elizabeth Logart			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 MAX N. WHITE, Student Embalmer No. 561 working under my personal supervision.

Student Max N. White
Signature of Student Embalmer

Signed Max N. White

Licensed Embalmer No. 3012

P. O. Address Clinton

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.