

Health,
Welfare
Public
Service
60

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000703
STATE FILE NUMBER

FILED JAN 22 1959 Registration District No. 77 Primary Registration District No. 5202 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) Henley Mo. Clark		c. CITY OR TOWN Henley Mo.	
c. FULL NAME OF (If NOT in hospital, give location) Home		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First: ETHA Middle: BURINDA Last: BELSHE			4. DATE OF DEATH Month: Jan. Day: 17th Year: 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May-23-1861	9. AGE (In years last birthday) 97	10. UNDER 1 YEAR Months: Days: Hours: Min.	11. IF UNDER 24 HRS. Hours: Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Maid	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ohio.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David Bontrager	13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. O.O. Belshe	Address Henley, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Vascular disease		
DUE TO (c) Old age		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X		

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.)
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20c. TIME OF INJURY Hour: Month, Day, Year a.m. p.m.	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 Eugene, Mo.
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21. I attended the deceased from 1950 to Jan 17 1959 and last saw her alive on Jan 14 1959 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the cause stated.

22a. SIGNATURE E. O. Shelton M.D.	(Degree or title)	22b. ADDRESS Eldon Mo	22c. DATE SIGNED Jan 19 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-19-59	23c. NAME OF CEMETERY OR CREMATORY Spring Garden Cem.	23d. LOCATION (City, town, or county) (State) Eugene, Mo.
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24. GENERAL DIR. OR ADDRESS Ernest Stephen Rauscher	25. DATE RECD. BY LOCAL REG. 20 Jan 1959	26. REGISTRAR'S SIGNATURE R. P. Davis, M.D. - M.P.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. *2307*
P. O. Address *Russellville*

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.