Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004534
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 256

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST. JOSEPH. Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): STATE HOSP. #2. Length of stay in 1b: 3yr. 5 MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: RAY
c. CITY OR TOWN: RICHMOND c. Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): RR #2 Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: MARY Middle: Last: BELLIS

4. DATE OF DEATH: Month: Mar. Day: 5 Year: 1959

5. SEX: FEMALE 6. COLOR OR RACE: WHITE 7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: JUNE 20 1900 9. AGE (In years last birthday): 58 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): HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): RICHMOND, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ELISHA RIGGS 13b. MOTHER'S MAIDEN NAME: CORA GRIFFY 14. NAME OF HUSBAND OR WIFE: JESSE BELLIS

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.: NONE 17. INFORMANT: #2. Address: STATE HOSP. RECORDS. St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RHEUMATIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CARDIAC DECOMPENSATION — 6 Months
DUE TO (c) BRONCHOPNEUMONIA. — 25 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 416X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 2-8-59 to 3-5-59 and last saw her/him alive on 3-5-59
Death occurred at 9:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Mohammed Tahir M.D. 22b. ADDRESS: State Hosp. #2. St. Joseph Mo. 22c. DATE SIGNED: 3-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial 23b. DATE: Mar. 5, 1959 23c. NAME OF CEMETERY OR CREMATORY: South Point Cemetery 23d. LOCATION (City, town, or county) (State): Orrick, Missouri

24. FUNERAL DIRECTOR: Quest-Lee Funeral Home. ADDRESS: Richmond, Mo. 25. DATE RECD. BY LOCAL REG.: Mar. 12, 1959 26. REGISTRAR'S SIGNATURE: Mrs. Clark Woodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Conditions, if any, which gave rise to the immediate cause, stated last, should be only one cause per line.

Dr. Mohammed Tahir

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....Morris D. Bailey.....

Licensed Embalmer No.....4887.

P. O. Address.....Richmond,.....

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.