URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 15 1960

-60-006888

STATE FILE NUMBER

ENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~Webb City~~, Mineral Twp. Length of stay in 1b 2 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Webb City, Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 719 S. Hall St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Chesley Middle Frank Last Belk
4. DATE OF DEATH Month March Day 5 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4/28/1888
9. AGE (last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Truck Operator
11. BIRTHPLACE (City and state or country) Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Hugh Belk
13b. MOTHER'S MAIDEN NAME Ida Jane Franks
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wm. L. Whetstone, Address Kansas City, 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) Cardiac Fibrillation — INTERVAL BETWEEN ONSET AND DEATH 48h.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Jan 60, to Mar 4 60 and last saw ~~her~~ him alive on 3-4-60
Death occurred at 1145 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Glenn Wright M.D. (Degree or title)
22b. ADDRESS 222 So. Webb Webb City Mo
22c. DATE SIGNED 3-10-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/8/1960
23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery
23d. LOCATION (City, town, or county) Webb City, (State) Mo.

24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, ADDRESS Webb City, Mo.
25. DATE RECD. BY LOCAL REG. 3-10-60
26. REGISTRAR'S SIGNATURE Mrs Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Richard Troy Lewis

Signature of Student Embalmer

Licensed Embalmer No. 4483

P. O. Address Webb City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.