

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
 NATIONAL BUREAU OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026254
 STATE FILE NUMBER

FILED IN JUL 20 1960
 INDEXED

Registration District No. 75 Primary Registration District No. 4438 Registrar's No. 76
3D15

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| 1. PLACE OF DEATH a. COUNTY <u>CLINTON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAMERON</u> | | Length of stay in 1b <u>10 Days</u> | c. CITY OR TOWN <u>LATHROP</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CAMERON HOSPITAL</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>LATHROP</u> |
| | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>SIDNEY</u> Middle <u>BURTON</u> Last <u>BELCHER</u> | | | 4. DATE OF DEATH <u>JULY 5 1960</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-23-1891</u> | 9. AGE (last birthday) <u>68</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | 11. BIRTHPLACE (City and state or country) <u>Starfield, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA.</u> |
| 13a. FATHER'S NAME <u>Levi Belcher</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u> | |

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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. <u>387-14-6633</u> | 17. INFORMANT <u>ROBERT K. BELCHER 57 Joseph, Mo.</u> | Address |
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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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Circulatory Collapse</u> | | <u>12 hrs.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Toxemia</u> | <u>7 days</u> |
| | DUE TO (c) <u>Liver & Kidney Necrosis - Burn</u> | <u>9 days</u> |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <u>Burn - Gas stove explosion</u> |
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| 20c. TIME OF INJURY Hour <u>7:00</u> a.m. Month, Day, Year <u>6-25-60</u> |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | 20f. CITY, TOWN, OR LOCATION <u>Lathrop</u> | COUNTY <u>CLINTON</u> | STATE <u>MO.</u> |
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| 21. I attended the deceased from <u>8-1-58</u> to <u>7-4-60</u> and last saw him alive on <u>7-4-60</u> Death occurred at <u>1:05 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>D. O. Baunier, D.O., County</u> | 22b. ADDRESS <u>Lathrop, Mo.</u> | 22c. DATE SIGNED <u>7-5-60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>7-7-60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>STEWARTVILLE CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>STEWARTVILLE MO.</u> |
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| 24. FUNERAL DIRECTOR <u>DeMOSS CRUNK, CAMERON, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>July 10 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Francis Crawford</u> |
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

MS JUL 21 1960

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 William E. Ewert

Licensed Embalmer No. 2533

P. O. Address Cameron, Va.

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.