

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-033572
STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 304A Registrar's No. 67

FILED OCT 10 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		Length of stay in 1b <u>30 yrs.</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>406 MARSHALL ST.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>406 MARSHALL ST.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First- Middle Last <u>LAURA AZILEE BELLAH</u>				4. DATE OF DEATH Month Day Year <u>OCT. 1, 1961</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-1-1881</u>		9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and state or country) <u>POPLAR BLUFF, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>CHARLES W. LANE</u>				13b. MOTHER'S MAIDEN NAME <u>SYTHA S. BULLOCK</u>				14. NAME OF HUSBAND OR WIFE <u>CHARLES G. BELLAH</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>CHARLES G. BELLAH, FREDERICKTOWN, MO</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cerebral Arteriosclerosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Cerebral Arteriosclerosis</u>										years			
DUE TO (c) <u>General Arteriosclerosis</u>										years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertensive Heart Disease</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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 a.m. p.m. Month, Day, Year													
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		COUNTY		STATE					
21. I attended the deceased from <u>Aug. 29, 1954</u> to <u>Oct. 1, 1961</u> and last saw her ^{her} _{him} alive on <u>Oct. 1, 1961</u> Death occurred at <u>4:25</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Charles E. Michaelis, M.D.</u>						22b. ADDRESS <u>Fredericktown Missouri</u>			22c. DATE SIGNED <u>Oct. 1, 1961</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-3-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u>			23d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MISSOURI</u>						
24. FUNERAL DIRECTOR ADDRESS <u>SAM NAJIM, Jr., FREDERICKTOWN, MO.</u>				25. DATE RECD. BY LOCAL REG. <u>10-3-1961</u>		26. REGISTRAR'S SIGNATURE <u>Therence Sicker</u>							

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 Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E. College
FREDERICKTON

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.