

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041587

STATE FILE NUMBER

Registration District No. 382 Primary Registration District No. 5685 Registrar's No. 111

AMENDED

FILED NOV 29 1961

1. PLACE OF DEATH a. COUNTY <u>Lawrence, Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ash Grove</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. VERNON</u>		Length of stay in 1b <u>7 days</u>	c. CITY OR TOWN <u>Missouri, Greene County</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Sanatorium Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Dennis</u> Middle Last <u>Belt</u>			4. DATE OF DEATH Month <u>November</u> Day <u>21</u> Year <u>61</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>5/23/97</u>	9. AGE (last birthday) <u>64</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>Frisco, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco, retired</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>Albert W. Belt</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Knight</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</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>?</u>	17. INFORMANT <u>DORSEY E. BELT (SON)</u> Address <u>Rt. 1 Box 107 F</u> <u>PORTLAND, OREGON</u>		

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>Cor pulmonale, congestive failure</u>	<u>sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>PULmonary tuberculosis, far advanced</u>	
	DUE TO (c) <u>Suspect prostatic carcinoma, metastasis to hip bone</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 11/15/61 to 11/21/61 and last saw ^{her}him alive on 11/21/61
Death occurred at State Sanatorium 515p on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>A. Vernon Fargeluth M.D.</u>	22b. ADDRESS <u>State Sanatorium Missouri, Mount Vernon</u>	22c. DATE SIGNED <u>11.21.61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>11-25-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GREENLAWN</u>
23d. LOCATION (City, town, or county) <u>SPRINGFIELD Mo.</u>		(State)
24. FUNERAL DIRECTOR <u>KLINER MORTUARY</u>	ADDRESS <u>SPRFD. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-24-61</u>
26. REGISTRAR'S SIGNATURE <u>Ray Payne</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 29 1961

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 Ogle Stone Jr.

Licensed Embalmer No. 4176
P. O. Address Springfield

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.