

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2087 -62-015106
REGISTRAR'S NO. STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 10021 Registrar's No. 2087

FILED APR 30 1962	
1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY Length of stay in lb 5 weeks c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON COUNTY HOSP. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 16113 EAST TRUMAN RD. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First George Middle W. Last Bellomy 4. DATE OF DEATH Month APRIL Day 14 Year 1962	
5. SEX MALE 6. COLOR OR RACE WHITE 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH 7-20-1881 9. AGE (last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CANDY MAKER 10b. KIND OF BUSINESS OR INDUSTRY LOOSE WILES BISCUIT CO. UNKNOWN, MO. 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ROBERT F. BELLOMY 13b. MOTHER'S MAIDEN NAME ELIZABETH UNKNOWN 14. NAME OF HUSBAND OR WIFE NORA A. BELLOMY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Nora Bellomy, 16113 E. Truman Rd., Indep. Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 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 4-10-62 to 4-14-62 and last saw him alive on 4-12-62 Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) J.P. McCalla, M.D. 22b. ADDRESS Jackson Co. Hospital Kansas City, Mo. 22c. DATE SIGNED 4-14-62	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL 23b. DATE 4-17-62 23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY 23d. LOCATION (City, town, or county) INDEPENDENCE, MISSOURI (State)	
24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 4-16-62 26. REGISTRAR'S SIGNATURE Ruth H. Long	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

P. P. Mc Calla, M.D. CERTIFICATION

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

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 A. Tyler

Licensed Embalmer No. 4534

P. O. Address Liberty Mo

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.