

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36027

State File No.

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6024 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Rural - Polk</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Polk</u> <u>0890</u>	
c. LENGTH OF STAY (in this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles NW Lawson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles NW Lawson</u>			

3. NAME OF DECEASED (Type or Print), a. (First) <u>Belle</u>	b. (Middle) <u>(N)</u>	c. (Last) <u>Bellis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 28, 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>September 19, 1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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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>Housekeeping</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Samuel Estes</u>	13b. MOTHER'S MARTHEN NAME <u>Annice Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Jacob M. Bellis</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) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Annice Summers Lawson</u>	ADDRESS <u>Lawson, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of duodenum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>IV</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lawson Ray Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July, 1952, to Oct. 28, 1952, that I last saw the deceased alive on Oct. 27, 1952, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Detrus E. Buchner M.D.</u>	23b. ADDRESS <u>Lawson Mo</u>	23c. DATE SIGNED <u>Oct. 31, 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>October 31, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hamilton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ray County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 6, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Raymond Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>2484 West - Life Funeral Home</u>	ADDRESS <u>Richmond, Missouri</u>
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Nov. 6, 1952 Mrs. Raymond Brown (Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

890

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
Student Embalmer

Signed  _____

Licensed Embalmer No. 4866

P. O. Address  _____

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 this body is not embalmed, fact should be so stated above.