

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42048

State File No.

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 113

1. PLACE OF DEATH
a. COUNTY Ray

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ray

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Richmond Twnshp c. LENGTH OF STAY (in this place) 87 yrs. c. CITY OR TOWN Richmond d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1/4 mile west of Richmond f. STREET ADDRESS (If rural, give location) 1/4 mile west of Richmond 0890

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) JANE c. (Last) BELLIS 4. DATE OF DEATH (Month) (Day) (Year) December 23, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH April 8, 1867 9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Household duties 11. BIRTHPLACE (City and State or Foreign Country) Ray County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jasper Smith 13b. MOTHER'S MAIDEN NAME Harriet M. Vance 14. NAME OF HUSBAND OR WIFE Austin Bellis

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'S SIGNATURE OR NAME ADDRESS Mrs. Francis Blackwell, Richmond, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Infarct MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 hrs
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES DUE TO (b) Cholesterol
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Burger's
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 NO

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) 4531

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-20-1954 to 12-23-1954, that I last saw the deceased alive on 12-23-1954 and that death occurred at 5:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE J. M. Jay (Degree or title) 23b. ADDRESS Richmond, Mo. 23c. DATE SIGNED 12-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Dec. 27, 1954 24c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery 24d. LOCATION (City, town, of county) (State) Richmond, Mo.

DATE REC'D BY LOCAL REG. Dec 30 1954 REGISTRAR'S SIGNATURE Malcol Jackson 273 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Levan Thurman Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

6
2230

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, ~~xxxx~~..... Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm L Thurman*.....

Licensed Embalmer No. 4563.....

P. O. Address Richmond, 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.