

FILED DEC 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42125**

BIRTH NO. _____ REG. DIST. NO. **298** PRIMARY REG. DIST. NO. **4448** Registrar's No. **25**

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

1. PLACE OF DEATH a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u> c. LENGTH OF STAY (in this place) <u>1 yr</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lawson</u> d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINDY</u> b. (Middle) <u>GATHRIEN</u> c. (Last) <u>BELT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 1949</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 20, 1876</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Greenville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Stokley D. Daxley</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Odell</u>		14. NAME OF HUSBAND OR WIFE <u>Virgil D. Belt</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'S SIGNATURE OR NAME ADDRESS <u>Virgil D. Belt Lawson, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Colon</u> ANTECEDENT CAUSES <u>with hemorrhage</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>				
		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (m.) _____		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 <u>Nov. 20, 1949</u>, to <u>Nov. 27, 1949</u>, that I last saw the deceased alive on <u>Nov. 26, 1949</u>, and that death occurred at <u>1:45A</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Oleter E. Buehler, M.D.</u>			23b. ADDRESS <u>Lawson, Mo.</u>		23c. DATE SIGNED <u>Nov. 28, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 28-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 28, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. Raymond Grove</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Lawson, Mo.</u>			

RECEIVED DEC 22
District Health Officer No. 8,
District File Number.....
Date Filed 12-22-49

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 Lindell T. Jarman

Licensed Embalmer No. 45-89

P. O. Address Excelsior Springs

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.