

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16356

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580 Registrar's No. 104

49
0

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>19</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Twin Groves</u> c. LENGTH OF STAY (in this place) <u>65 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Twin Groves</u> d. STREET ADDRESS (If rural, give location) <u>1 1/2 mi NW Carl Jct., Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 NW Carl Jct., Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>P.</u> c. (Last) <u>Betz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1949</u>
--	---

5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-21-1868</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
-----------------	-------------------------------	---	-----------------------------------	---	------------------------	----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	--	---	---

13a. FATHER'S NAME <u>Mathia Betz</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Shantz</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Betz</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 <u>Juan Betz</u> ADDRESS <u>Carl Jct., Mo.</u>
--	-------------------------------------	--

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>known about 15mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the rectum</u>		
	ANTECEDENT CAUSES 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>Malnutrition</u>		<u>154X</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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 March 3, 1949, to 6-2, 1949, that I last saw the deceased alive on 5-8, 1949, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. L. Slutz, M.D.</u>	23b. ADDRESS <u>410 Jackson JOPLIN, MO</u>	23c. DATE SIGNED <u>6-3-49</u>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 4, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction</u>	24d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo</u>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>JUN 4 1949</u>	REGISTRAR'S SIGNATURE <u>R. L. Slutz, M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Son</u> ADDRESS <u>Carl Jct., Mo.</u>
--	--	---

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

F.M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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 this body is not embalmed, fact should be so stated above.