

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

20325

Registration District No.

Primary Registration District No. 5811

Registrar's No.

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery City Mo (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community Not known years, months or days

3. (a) PRINT FULL NAME

Delia Ann Bethe

3. (b) If veteran, ☒ name war

3. (c) Social Security No. ✓

4. Sex F 5. Color or race W
6. (a) Single, ☒ widowed, married, divorced 2
6. (b) Name of husband or wife Herz Bethe 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Apr 4 1868 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 10 hr. min.

9. Birthplace West Virginia (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

12. Name William Collins

13. Birthplace West Virginia (City, town, or county) (State or foreign country)

14. Maiden name Delia Dickson

15. Birthplace West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Ray Bethel

(b) Address Montgomery City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 16 1949 (Month) (Day) (Year)

(c) Place: burial or cremation Middletown Cemetery

18. (a) Signature of funeral director Bethel Bethel

(b) Address Middletown Mo.

19. (a) 6-15-49 (Date received local registrar) (b) Bernice W. W. 201 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mont. 70
(c) City or town Middletown 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 14
year 1949 hour 10:00 minute 40 A. M.

21. I hereby certify that I attended the deceased from JUNE 9
1949 to JUNE 14, 1949
that I last saw her alive on JUNE 10, 1949
and that death occurred on the date and hour stated above.

Immediate cause of death Acute MYOCARDITIS Duration 2 weeks

Due to CHRONIC MYOCARDITIS 15 YRS

Due to CHRONIC ARTERIO-SCLEROSIS
CHRONIC INTERSTITIAL NEPHRITIS

Other conditions 4322
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature Asclea W. W. 201 (D. or other) D.O.
Address Montgomery City Date signed 6-15-49

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.