

FILED APR 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9194

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 52

0493

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Carthage	
c. LENGTH OF STAY (In this place) 73 yrs		d. STREET ADDRESS (If rural, give location) 202 W. Chestnut St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 309 N. Maple			

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) MACK	c. (Last) BETTS	4. DATE OF DEATH (Month) (Day) (Year) March 21, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Aug 30, 1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 21	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired pharmacist	10b. KIND OF BUSINESS OR INDUSTRY drug and salesman	11. BIRTHPLACE (State or foreign country) Carthage, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William C. Betts	13b. MOTHER'S MAIDEN NAME Sarah McMerrick	14. NAME OF HUSBAND OR WIFE none
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Newton, 812 Penn, Joplin, MO	ADDRESS MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  10 yrs
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic interstitial	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Scenility	
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		42 2 2

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 23, 1950, to Mar 21, 1950 that I last saw the deceased alive on Feb 11, 1950 and that death occurred at 9:00p m., from the causes and on the date stated above.

23a. SIGNATURE George H. Wood M.D.	(Degree or title)	23b. ADDRESS Carthage Mo	23c. DATE SIGNED 3/23/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 23, 1950	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo
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DATE REC'D BY LOCAL REG. 3-23-1950	REGISTRAR'S SIGNATURE L.S. Clinton M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary	ADDRESS Carthage, Mo.
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See 4. for deceased Embalmer's Statement on Reverse Side)

RECEIVED 3-22-50

Jasper County Health Office

County File Number 50-3-211

Date Filed 3-31-50

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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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.