No. 300
10.48

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

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17748

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (In this place): 41 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): III9 Daugherty Pike

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana 0871
d. STREET ADDRESS (If rural, give location): III9 Daugherty Pike

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): W.
c. (Last): Betts

4. DATE OF DEATH (Month) (Day) (Year): May II 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Sept. 30, 1860

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months 5 Days 11
IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Summer Hill, Illinois 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James R. Betts

13b. MOTHER'S MAIDEN NAME: Mary Jane Baker

14. NAME OF HUSBAND OR WIFE: DeeSota Betts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: no

17. INFORMANT'S SIGNATURE OR NAME: Frank Betts
ADDRESS: Louisiana, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis - Senile

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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* Dec., 19 49, *to* 5-11, 19 50, *that I last saw the deceased alive on* 5-11, 19 50 *and that death occurred at* 7:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Johnson MD

23b. ADDRESS: Louisiana, Missouri

23c. DATE SIGNED: 5-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/13/50

24c. NAME OF CEMETERY OR CREMATORY: Prairie Mound Cemetery

24d. LOCATION (City, town, or county) (State): Pike County, Illinois

DATE REC'D BY LOCAL REG.: May 12, 1950

REGISTRAR'S SIGNATURE: Bernice Collier 1374

25. FUNERAL DIRECTOR'S SIGNATURE: George O. Wagner
ADDRESS: Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 22 1950
District Health Officer No. 10
District File Number
Date Filed

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~~ .....

working under my personal ~~supervision.~~

Student Embalmer No. .....

Signed George O. Wagner

Signed.....
Student Embalmer

Licensed Embalmer No. 3773

P. O. Address Lancaster 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.