

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36168

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1281

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>0117</u> | |
| c. LENGTH OF STAY (in this place) <u>55 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>1326 No. 10th</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1326 No. 10th</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannah</u> | b. (Middle) <u>Bettis</u> | c. (Last) <u>Bettis</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1950</u> |
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| 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>Aug. 12, 1877</u> | 9. AGE (In years last birthday) <u>73</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HRS. Hours | IF UNDER 1 HRS. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Vermland, Sweden</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |

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| 13a. FATHER'S NAME <u>N. G. Skoglund</u> | 13b. MOTHER'S MAIDEN NAME <u>Louisa Anderson</u> | 14. NAME OF HUSBAND OR WIFE <u>Wiley Bettis</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Wiley Bettis</u> | ADDRESS <u>1326 No. 10th St. Joseph Mo</u> |
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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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia lower left lobe</u> | | <u>7 day</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Progressive Muscular Dystrophic</u> DUE TO (c) _____ | | <u>5 yrs.</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>490X</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 16 Aug, 1950, to 9 NOV, 1950, that I last saw the deceased alive on 8 NOV, 1950, and that death occurred at 2:45p m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Wm W Steacy MD</u> (Degree or title) | 23b. ADDRESS <u>Irish Bldg. - Joseph Mo</u> | 23c. DATE SIGNED <u>10 Nov 1950</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Nov. 11, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov. 15, 1950</u> | REGISTRAR'S SIGNATURE <u>Carl C. Casper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hester-Bowman Funeral Home</u> | ADDRESS <u>St. Joseph, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Owen W. D. Craig
Judee Orey

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

William Spalding

Licensed Embalmer No. 1535

P. O. Address 314 S. 10th St. Joseph, 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.