

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1768
Registrar's No. 1

BIRTH NO. _____ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 4298

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Linn</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Linn</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED. (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>BETSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1951</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>Widowed</u>	8. DATE OF BIRTH <u>Feb 8 1867</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>E. R. Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Barton</u>	14. NAME OF HUSBAND OR WIFE <u>Garnett</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown). <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. E. R. Vanua, St. Joseph Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>592x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart disease</u> DUE TO (c) <u>Renal disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Dec 23, 1950, to Jan 4, 1951, that I last saw the deceased alive on Jan 11, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D. R. F. Sutter</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Linn - MO</u>	23c. DATE SIGNED <u>Jan 13-51</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Linn, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan, 14-1951</u>	REGISTRAR'S SIGNATURE <u>165 Mrs. Rudee Kelley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brothers Funeral Home, Linn, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0580

Date Received: JAN 17 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-51-108
Date Filed: JAN 21 1951

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.....
Student Embalmer

Signed WR Wright

Licensed Embalmer No. 4655

P. O. Address Laurel - 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.