No. 300
10-48

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2117

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 5

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
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): DeSoto
b. (Middle): Alfretta
c. (Last): Betts

4. DATE OF DEATH (Month) (Day) (Year): Jan. I9, I95I

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 23, I862
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 5, Days I — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): DeSoto Kansas
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: J.C. McClintock
13b. MOTHER'S MAIDEN NAME: Syntha Ann Rogers
14. NAME OF HUSBAND OR WIFE: George
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 — ADDRESS: Mr. Frank Betts, 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): Lobar Pneumonia. Rt. lung. — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

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

DUE TO (b): 490 X

DUE TO (c): 1 day

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Acute Myocarditis with decompensation

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* Jan. 17, 1951, *to* Jan. 19, 1951, *that I last saw the deceased alive on* Jan. 19, 1951, *and that death occurred at* 1:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE ROBERT L. ANDRAE, M.D. (Degree or title): Robert L. Andrae M.D.
23b. ADDRESS: Louisiana, Missouri
23c. DATE SIGNED: 1-20-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: I/22/5I
24c. NAME OF CEMETERY OR CREMATORY: Prairie Mound Cem.
24d. LOCATION (City, town, or county) (State): Pike County, Illinois

DATE REC'D BY LOCAL REG.: Jan 22, 1951
REGISTRAR'S SIGNATURE: Bernice Callier 374
FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: George O. Wagner, Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JAN 23 19
DISTRICT HEALTH OFFICE
District File Number 2-37
Date Filed: FEB 6 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, ~~XXX~~.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed George O. Hagner

Signed.....
Student Embalmer

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.

George O. Hagner