

FILED OCT 4 1951

STANDARD CERTIFICATE OF DEATH

30899

State File No.

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Danville Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Florence Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	

3. NAME OF DECEASED (Type or Print) <u>Amanda Elizabeth Bethel</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 20 th 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>July 12 th 1865</u>	9. AGE (In years last birthday) <u>86</u>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours	if UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Warrenton Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Bryant</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Crouch</u>	14. NAME OF HUSBAND OR WIFE <u>Elias Bethel "Decd"</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. E. Bethel</u>	ADDRESS <u>Centralia 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, ashenia, 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>BRONCHIAL PNEUMONIA</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MULTIPLE CARCINOMA METASTASES</u> DUE TO (c) <u>PRIMARY CARCINOMA RT. BREAST</u>		<u>6 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>UNUNITED FRACTURE LF. HIP</u>	<u>3 yrs.</u> <u>1 1/2 yrs.</u>

19a. DATE OF OPERATION <u>3 yrs ago</u>	19b. MAJOR FINDINGS OF OPERATION <u>REMOVAL RT. BREAST 34. 70 170XF</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>	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.) <u>2:51</u>	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 March 1950, to Sept 20, 1951, that I last saw the deceased alive on Sept 17, 1951, and that death occurred at 8:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>James O. Helms M.D.</u> (Degree or title)	23b. ADDRESS <u>New Florence Mo</u>	23c. DATE SIGNED <u>9-20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Florence</u>	24d. LOCATION (City, town, or county) (State) <u>New Florence Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-20-51</u>	REGISTRAR'S SIGNATURE <u>James O. Helms</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Kiss</u>	ADDRESS <u>Warrenton Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0700

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 27 1951

RECEIVED

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 an 3rd
20th day of Sept 1951
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed [Signature]
Licensed Embalmer No. 1487
P. O. Address Maunty werry City 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.