

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32945**

FILED NOV 14 1951
BIRTH NO. _____ REG. DIST. NO. **22** PRIMARY REG. DIST. NO. **3013** Registrar's No. **80**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City	c. LENGTH OF STAY (in this place) 37 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City 0241	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1010 E. 21st.		d. STREET ADDRESS (If rural, give location) 1010 E 21st.	

3. NAME OF DECEASED (Type or Print)	a. (First) Leslie	b. (Middle) Violet	c. (Last) Bethel	4. DATE OF DEATH (Month) (Day) (Year) Oct. 30 1951
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5 July 1892	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 59 3 25
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Benjamin Richardson	13b. MOTHER'S MAIDEN NAME Frances Ann Young	14. NAME OF HUSBAND OR WIFE James Wm. Bethel
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME James W. Bethel	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH E 974
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hanging DUE TO (c)		
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) Suicide	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) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D.S. Pate M.D. Coroner 3 (Degree or title)	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 10/31/51
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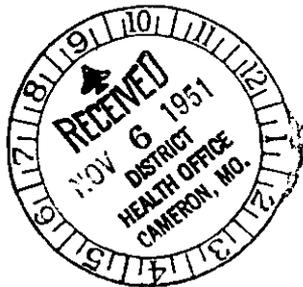
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2 Nov. 1951	24c. NAME OF CEMETERY OR CREMATORY St. Marys	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. Nov 1-51	REGISTRAR'S SIGNATURE Beulah Kitchener	63	25. FUNERAL DIRECTOR'S SIGNATURE Morton Funeral Home	ADDRESS NKC
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

241-1

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. A. M. Minton
Licensed Embalmer No. 4856
P. O. Address North K.C., 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.