

FILED FEB 13 1952

STANDARD CERTIFICATE OF DEATH

State File No. 218

123

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No.	
1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BUCHANAN			
b. CITY (If outside corporate limits, write RURAL and give township) ST. JOSEPH		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) RUSHVILLE		0110	
d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI METHODIST HOSPITAL				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) ORVILLE		a. (First)		b. (Middle) JESSIE		c. (Last) BETTS	
4. DATE OF DEATH 1/22/52		5. SEX M		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH DEC. 14, 1883		9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Com. fisherman		11. BIRTHPLACE (State or foreign country) East Atchison, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Myra Elizabeth Betts	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Not known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sawin-Byer Mortuary Atchison, Kan.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Bronchiectasis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH Unknown	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cor Pulmonale				19b. MAJOR FINDINGS OF OPERATION 526X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-17, 1949, to 1-22, 1952, that I last saw the deceased alive on 1-21, 1952, and that death occurred at 6:30pm., from the causes and on the date stated above.							
23a. SIGNATURE C. W. Steacy M.D.				23b. ADDRESS Tootle Building St. Joseph, Missouri		23c. DATE SIGNED 1-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1/23/52		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		24d. LOCATION (City, town, or county) (State) Atchison, Kansas.	
DATE REC'D BY LOCAL REG. Feb 5, 1952		REGISTRAR'S SIGNATURE Carl C. Cash		25. FUNERAL DIRECTOR'S SIGNATURE C. W. Steacy		ADDRESS 120 Illinois.	

(Licensed Embalmer's Statement on Reverse Side)

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

Collected from deceased's home
120 Illinois Ave

OCT 17 1957

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.....

James A. Clark

Signed.....

Student Embalmer

Licensed Embalmer No. *4231*

P. O. Address *Worcester, Ma*

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.