

FILED FEB 1 1952

STANDARD CERTIFICATE OF DEATH

1005

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 8021 Registrar's No. 5000

04002

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paris - Lincoln County - 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>R. 7 N #1 - Henaway, Mo</u>	
3. NAME OF DECEASED (Type or Print) <u>Jessie</u> (First) <u>MAR</u> (Middle) <u>METSKER</u> (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 13, 1952</u>	
a. 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>April, 8, 1971</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Sumner County, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Wm Henry Betz</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Rheupert</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK METSKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>X</u>		ADDRESS _____	
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) <u>Cardio-Vascular Renal disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>442X</u>	
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 <u>Jan 4th, 1952</u> , to <u>Jan 13th, 1952</u> , that I last saw the deceased alive on <u>Jan 13th, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Oliver T. Duffly, M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton, Mo</u>	
23c. DATE SIGNED <u>Jan 16th 1952</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan 17 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wright Park</u>		24d. LOCATION (City, town, or county) (State) <u>Wright Park, Trenton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-17-52</u>		REGISTRAR'S SIGNATURE <u>Jessie Davis</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackman</u>		ADDRESS <u>Trenton, Mo</u>	

on 6/10

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 _____
myself Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Raymond A. Quinn* _____
Licensed Embalmer No. *3424* _____
P. O. Address *Greentown, 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.