

**STANDARD CERTIFICATE OF DEATH**

State File No. **2364**

FILED JAN 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3052** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		d. STREET ADDRESS (If rural, give location) <b>630 East Rollins</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>630 East Rollins</b>			d. STREET ADDRESS (If rural, give location) <b>630 East Rollins</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>ADDA</b> b. (Middle) <b>COLLETT</b> c. (Last) <b>BETZ</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan - 18 - 1952</b>		
---	--	--	--	--	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan - 4 - 1870</b>		9. AGE (in years) if UNDER 1 YEAR if UNDER 11 HRS. last birthday Months Days Hours Min. <b>82</b>
-------------------------	----------------------------------	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Santa Fe Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	-----------------------------------	---	--	---

13a. FATHER'S NAME <b>John Nelson Ball</b>		13b. MOTHER'S MAIDEN NAME <b>Adeline R. Pindall</b>		14. NAME OF HUSBAND OR WIFE <b>John F. Betz</b>	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Max Louis J. Theiman Moberly Mo</b>			
---	--	---	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CA of Pancreas</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
	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 <b>none</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>157X</b>	
--	--	--	--	--

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?	
--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from **June 2, 1951**, to **Jan 17, 1952**, that I last saw the deceased alive on **Jan 17, 1952**, and that death occurred at **3:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. V. Dreyer M.D.</b>		23b. ADDRESS <b>Huntsville, Mo</b>		23c. DATE SIGNED <b>1/18/52</b>	
--	--	---------------------------------------	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan - 20 - 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Moberly Missouri</b>	
--	-------------------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. <b>1-19-52</b>	REGISTRAR'S SIGNATURE <b>Leah Buehler</b>		F. 26160		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Snow Funeral Home Moberly Mo</b>	
--	--	--	----------	--	---	--

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

5883

---

---

**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 \_\_\_\_\_

*R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address Moherly 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.