

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11933**

**LED MAY 12 1952**

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4025</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u> c. LENGTH OF STAY (In this place) <u>2 1/2 hrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheaton Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Purdy, Rural, Purdy twp.</u> d. STREET ADDRESS (If rural, give location) <u>Southeast of Purdy</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dee</u> b. (Middle) <u>Bethune</u> c. (Last) <u>Bethune</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1952</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 16, 1884</u>		9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR Days <u>11</u> Hours <u>17</u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired carpenter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hiwatha, Kansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Bethune</u>		13b. MOTHER'S MAIDEN NAME <u>Kathrine Noyes</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Bethune</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>507-01-7436</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Florence Bethune Purdy, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral anoxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Terminal Pulmonary edema</u> DUE TO (c) <u>Cardiac Decompensation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Mitral &amp; aortic insufficiency</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 Min</u> <u>1 1/2 hrs.</u> <u>2 weeks</u> <u>years?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>				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)			
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>8 PM 5/3, 1952</u> , to <u>9 PM 5/3, 1952</u> , that I last saw the deceased alive on <u>5/3, 1952</u> , and that death occurred at <u>9:52 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Fred R. Clark M.D.</u>				23b. ADDRESS <u>Wheaton, Mo.</u>		23c. DATE SIGNED <u>5/5/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arnhart cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>East of Purdy Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>May 9-1952</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bennett-Wormington, Monett, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 4213

P. O. Address Monett 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.