

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17275

State File No.

FILED JUN 15 1953

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 177

164
3

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Massachusetts</u> b. COUNTY <u>Norfolk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>8200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>143 South Spanish Street</u>		d. STREET ADDRESS (If rural, give location) <u>47 School Street</u>	

3. NAME OF DECEASED (Type or Print) <u>CATHERINE</u>	a. (First)	b. (Middle) <u>H.</u>	c. (Last) <u>BETTS</u>	4. DATE OF DEATH <u>June 10, 1953</u>
---	------------	--------------------------	---------------------------	--

5. 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>December 4, 1870</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 12 HRS. Days <u>6</u>	IF UNDER 1 MIN. Hours <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	

13a. FATHER'S NAME <u>James H. Forsyth</u>	13b. MOTHER'S MAIDEN NAME <u>Francis W. Holden</u>	14. NAME OF HUSBAND OR WIFE <u>Wilferd E. Betts</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dave Hoche</u>	ADDRESS <u>Cape Gir., Mo.</u>
--	--------------------------------------	---	----------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 Min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Acute circulatory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Inanition-Debilitation</u> <u>Arteriosclerosis</u> DUE TO (c) <u>Primary carcinoma of breast</u>		<u>4 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5 years</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>170X</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) (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 Nov. 19 52 to June 19 53, that I last saw the deceased alive on June 10, 19 53, and that death occurred at 11P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Marquette Fuller M.D.</u>	23b. ADDRESS <u>321 H. H. Bldg., Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>6-11-53</u>
---	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 12, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Geneva, Illinois</u>
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>6-11-53</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home</u>	ADDRESS <u>Cape Gir., Mo.</u>
--	---	--	----------------------------------

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 *Virgil H. Heleh*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Cape Girardeau, 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.