

## STANDARD CERTIFICATE OF DEATH

State File No. **30976**

FILED SEP 28 1953

BIRTH NO. REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004** Registrar's No. **74**

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lamar</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Purdy</b>	
c. LENGTH OF STAY (In this place) <b>3 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>R. R. Purdy, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			
3. NAME OF DECEASED a. (First) <b>Florence</b> b. (Middle) <b>Daisy</b> c. (Last) <b>Bethune</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 20-1953</b>	
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>Wh.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan 27-1884</b>
9. AGE (In years last birthday) <b>69</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Purdy, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Marion Roller</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Edwards</b>	
14. NAME OF HUSBAND OR WIFE <b>Dee Bethune (deceased)</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 <b>Gene Bethune, Houston Tex.</b>		ADDRESS <b>Houston Tex.</b>	
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) <b>Anaplastic adenocarcinoma of ileocecal valve, extension into bladder</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <b>Barrance in brain and right lower abdomen in Spide of 10 day therapy. Post operatively.</b>	
19a. DATE OF OPERATION <b>April 29-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma of ileocecal junction - spread into bladder</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>April 1953</b>	
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) (Min.)		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 <b>April 23, 1953</b> , to <b>Sept. 20, 1953</b> , that I last saw the deceased alive on <b>Sept 19, 1953</b> , and that death occurred at <b>5:40 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John T. Bickel, M.D.</b>		23b. ADDRESS <b>Lamar, Missouri</b>	
23c. DATE SIGNED <b>9/21/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept 23-1953</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Arnhart Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>East of Purdy, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 22 1953</b>		REGISTRAR'S SIGNATURE <b>Marie Konantz</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Bennett-Warminston</b>		ADDRESS <b>Mo.</b>	

(Licensed Emballer'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

Signed

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

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.