

STANDARD CERTIFICATE OF DEATH

FILED FEB 2 - 1955

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0242

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>Cuba</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Park Road</u>	
3. NAME OF DECEASED a. (First) <u>Isaac</u> b. (Middle) <u>Clark</u> c. (Last) <u>Bettis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 14 1861</u>
9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Rail-road</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisonville, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edward Bettis</u>	13b. MOTHER'S MAIDEN NAME <u>Unavailable</u>
14. NAME OF HUSBAND OR WIFE <u>Darah Bettis, dec'd</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Nil</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Edward Bettis, Cuba, Missouri.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intertrochanteric fracture of right femur; Generalized arteriosclerosis, suffered in fall, when I awoke in bed in his room # 431 at Missouri Pacific Hospital on Nov 30, 1954 about 100 am.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Shop</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo 5</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 30 54 / 2<sup>00</sup></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E9047</u>	
22. I hereby certify that I attended the deceased from <u>1954</u> , to <u>1955</u> , that I last saw the deceased alive on <u>1955</u> , and that death occurred at <u>2:45 P.</u> m., from the causes and on the date stated above. <u>45</u>			
23a. SIGNATURE <u>Patrick P. Taylor Casper</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>1. 10-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fleming Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>JAN 10 1955</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, Md</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd</u>	

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

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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.....  
Signature of Student Embalmer

Signed *John J. Haines*.....  
Licensed Embalmer No. *410*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.