

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9049**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Sedalia		c. LENGTH OF STAY (in this place) 29 yrs	c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		STREET ADDRESS (If rural, give location) Route 3	
3. NAME OF DECEASED (Type or Print) a. (First) WILHELMA		b. (Middle) WENTZELMAN	c. (Last) BETTIS
4. DATE OF DEATH March 26, 1955		5. SEX Female	
6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 29, 1905	9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home-making	11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Will Wentzelman		13b. MOTHER'S MAIDEN NAME Essie Harmon	14. NAME OF HUSBAND OR WIFE Buford B. Bettis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Buford B. Bettis, Rt. 3, Sedalia, Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Multifocal Metastatic Carcinoma of Glandular Breast - DUE TO (b) Speculated about 6 yrs ago DUE TO (c) X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 1 yr
19a. DATE OF OPERATION 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma Breast -		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X		22. I hereby certify that I attended the deceased from _____, 19____, to 3/26, 1955 , that I last saw the deceased alive on 3/25, 1955 , and that death occurred at 3 a. m. , from the causes and on the date stated above.
23a. SIGNATURE (Degree or title) Dr. Beckmann MD		23b. ADDRESS Sedalia Mo	23c. DATE SIGNED 3/25/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/28/55	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Mo
DATE REC'D BY LOCAL REG. 3/28/55	REGISTRAR'S SIGNATURE Lawrence Boone Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Marion Ewing	ADDRESS Sedalia, Mo.

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

M.F. Baker

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 *P. E. Baker*.....

Licensed Embalmer No. *24*

P. O. Address *Secalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.