

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36248

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5246</u>		Registrar's No. <u>51</u>		
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Musselfork twp</u>			c. LENGTH OF STAY (in this place) <u>9 Mo.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline,</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Mike Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>R 3</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pearl</u>			b. (Middle)		c. (Last) <u>Bettis</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-6-55</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>5/2/1894</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>4</u>	IF UNDER 4 HRS. Hours <u>0</u> Mins. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>New Cambria, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>W. S. Bettis</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Blam</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Bettis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>4-2-18 to 6-11-19</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ella Bettis Marceline, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u>				ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Pulmonary Edema</u> <u>Anasarca</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</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) (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 <u>10:54</u> to <u>11-6-1955</u> that I last saw the deceased alive on <u>11-16-1955</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Marceline, Mo</u>		23c. DATE SIGNED <u>11-7-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/7/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roseland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo</u>		
DATE RECD BY LOCAL REG. <u>11-17-55</u>		REGISTRAR'S SIGNATURE <u>L. H. Hawkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Laughlin</u>		ADDRESS <u>Marceline, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 28 1967

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 *James McFarley Rlin*

Licensed Embalmer No. *1274*

P. O. Address *Marselis, 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.