

FILED JAN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1500

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 26	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 14 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		d. STREET ADDRESS (If rural, give location) 1206 N. Osage	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1956			
3. NAME OF DECEASED (Type or Print) Adolph William Bettien				5. SEX male			
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 16, 1870		9. AGE (In years last birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired mine operator - coal		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) near Wellington, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Michael Bettien		13b. MOTHER'S MAIDEN NAME Sophie Meyer		14. NAME OF HUSBAND OR WIFE Charlotte Rigg Bettien			
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. XXXX		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. W. Bettien, Independence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis at Base 14 days Antecedent Causes Left Sided Hemiplegia Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 2 years DUE TO (c) old age senescence 2 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operations		332x		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 Jan 1, 1956, to Jan 14, 1956, that I last saw the deceased alive on Jan 14, 1956, and that death occurred at 6:30 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Carl Allen M.D.				23b. ADDRESS Independence, Mo		23c. DATE SIGNED 1-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 17, 1956		24c. NAME OF CEMETERY OR CREMATORY Buckner Cemetery		24d. LOCATION (City, town, or county) (State) Buckner, Missouri	
DATE REC'D BY LOCAL REG. 1-16-56		REGISTRAR'S SIGNATURE [Signature]		354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hazel H. Reppert Buckner, Mo	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 4604

P. O. Address Odessa, Tex

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.