

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9717

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>385</u>		PRIMARY REG. DIST. NO. <u>3039</u>		Registrar's No. <u>120</u>				
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>						
b. CITY (If outside corporate limits, write RURAL and give town name) OR TOWN <u>MARCELINE, MO RT # 3</u>		c. LENGTH OF STAY (In this place) <u>30 YRS</u>		c. CITY OR TOWN <u>MARCELINE</u>		d. Is Residence within limits of a city or incorporated town? <u>65810</u> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>RT # 3 EAST OF MARCELINE L.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARSH</u>			b. (Middle) <u>NONE</u>		c. (Last) <u>BETTIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2/26/56</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>JAN. 21, 1896</u>		9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>60 1 5 0000</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		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>WILLIAM BETTIS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY ELAM</u>			14. NAME OF HUSBAND OR WIFE <u>FRONIA BETTIS - MARCELINE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WAR I</u>			16. SOCIAL SECURITY NO. <u>525-56-6174</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRONIA BETTIS - MARCELINE</u>				ADDRESS <u>MISSOURI</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>  ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u> DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</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) _____		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>Never</u> , 19 <u>  </u> , to <u>  </u> , 19 <u>  </u> , that I last saw the deceased alive on <u>  </u> , 19 <u>  </u> and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>George J. Gray</u>					23b. ADDRESS <u>Marceline Mo</u>			23c. DATE SIGNED <u>2-27-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/28/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROSELAWN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MARCELINE MO</u>				
DATE REC'D BY LOCAL REG. <u>2-28-56</u>			REGISTRAR'S SIGNATURE <u>Mary J. Redway</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>  </u> ADDRESS <u>  </u>				

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

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MAK 20 1956

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.....  
Licensed Embalmer No. 4425  
P. O. Address.....

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.