

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13138**
1405

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 6 days	c. CITY OR TOWN Parkville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital		e. STREET ADDRESS (If rural, give location) Route # 2 Box 12	

3. NAME OF DECEASED (Type or Print) a. (First) Delcenia b. (Middle) Pearl c. (Last) Bethell			4. DATE OF DEATH (Month) (Day) (Year) 3 30 1956		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 4/17/1883		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and State or Foreign Country) Platte County Parkville, Mo.		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Hadley Douglas		13b. MOTHER'S MAIDEN NAME Sarah Newkirk		14. NAME OF HUSBAND OR WIFE James E. Bethell	
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James E. Bethell Parkville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		DUPLICATE (b) fractured ribs		24 hr	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) Myocarditis		6 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				E9030	

19a. DATE OF OPERATION 3/28/56		19b. MAJOR FINDINGS OF OPERATION Fracture of left hip		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.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Parkville Platte Mo.	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 25, '56 1:11		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell on kitchen floor	
22. I hereby certify that I attended the deceased from 3-25 , 19 56 , to 3-30 , 19 56 , that I last saw the deceased <input checked="" type="checkbox"/> alive on 3-30 , 19 56 , and that death occurred at 8:12pm. , from the causes and on the date stated above.					

23a. SIGNATURE J.W. Thompson (Degree or title) D.O.		23b. ADDRESS 705 Bryant Bldg.		23c. DATE SIGNED 3-30-56	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE Apr 2-56		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	
24d. LOCATION (City, town, or county) (State) Parkville Mo		25. FUNERAL DIRECTOR'S SIGNATURE Leland H. Francis		ADDRESS Parkville, Mo	
DATE REC'D BY LOCAL REG. 4-2-56		REGISTRAR'S SIGNATURE meva minshall		25. FUNERAL DIRECTOR'S SIGNATURE Leland H. Francis	

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

MAY 1 1952

W-1,2462

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Ieland G. Francis*

Licensed Embalmer No. *345*

P. O. Address *Parkville*

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.