

FILED JAN 2 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **44541**

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 253			
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. LENGTH OF STAY (In this place) 50 yrs.		c. CITY OR TOWN Nevada		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Tates Nursing Home				e. STREET ADDRESS (If rural, give location) 311 N. Main					
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Houston c. (Last) Betts			4. DATE OF DEATH Dec. 22 1956						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 10, 1874			
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (City and State or Foreign Country) Colubis, Kansas.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Thomas G. Houston			13b. MOTHER'S MAIDEN NAME Frances R. Lynn		14. NAME OF HUSBAND OR WIFE Wilborn W. Betts				
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. X X X NONE		17. INFORMANT'S SIGNATURE OR NAME Bill Betts ADDRESS 311 N. Main Nevada, M					
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Ventricle Strain ANTECEDENT CAUSES DUE TO (b) Chronic Arterio Hypertension & chronic Interstitial Nephritis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Sept. 21, 1951 , to Dec. 20, 1956 , that I last saw the deceased alive on Dec. 20, 1956 , and that death occurred at 3:10 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE <i>[Signature]</i> (Degree or title)				23b. ADDRESS Moore Building - Nevada, Mo.		23c. DATE SIGNED Dec. 22, 1956			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/24/56		24c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery		24d. LOCATION (City, town, or county) (State) Nevada, Missouri.			
DATE REC'D BY LOCAL REG. 12-29-1956		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Nevada, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Nevada, Mo.			

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

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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 *Raymond M. Coff*.....

Licensed Embalmer No. *4853*.....

P. O. Address *Florida, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.