

FILED AUG 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE REGISTRATION NO. **24411**
REGISTRATION NO. **3544**

Registration District No. **149** Primary Registration District 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 Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center			Length of stay in 1b 39 yrs.		d. STREET ADDRESS (If outside, give location) 614 E. 73rd. Per.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Abe Middle Bettinger Last Bettinger				4. DATE OF DEATH Month 7 Day 28 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 120 5-17		9. AGE (In years last birthday) 39	IF UNDER 1 YEAR Months 3 Days 28 Hours 19 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Luggage Store		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Israel Bettinger				14. MOTHER'S MAIDEN NAME Libby Brandeis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 496-07-6972		17. INFORMANT Address Israel Bettinger, 5050 Oak, K.C. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compression of spinal cord with chondroplasia metastatic carcinoma of cervical vertebral spine DUE TO (b) metastatic carcinoma of cervical vertebral spine DUE TO (c) vertebral spine PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Rheumatic heart disease						INTERVAL BETWEEN ONSET AND DEATH 3 wks. 2 months 196x	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour 2:00 Month 7 Day 28 Year 1957 a. m. A.M. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from March 1956 to July 28, 1957 and last saw her/him alive on July 27, 1957 . Death occurred at 2:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Harry C. Wall (Degree or title)				22b. ADDRESS 14 D 1116 Prof. Bldg.		22c. DATE SIGNED 7/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-29-57	23c. NAME OF CEMETERY OR CREMATORY Sheffield		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
24. FUNERAL DIRECTOR J.P. Louis Funeral Home ADDRESS K.C. Mo.			25. DATE RECD. BY LOCAL REG. 7-29-57		26. REGISTRAR'S SIGNATURE Neva Minshall		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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7-56

Health,
Welfare
Public
Service



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 *John R. Edmondson*.....

Licensed Embalmer No. 45.....

P. O. Address *Jamaica, N.Y.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.