

FILED JAN 9 1958

STANDARD CERTIFICATE OF DEATH

43602

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Parma, Mo. Pt. I</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp. & Home</u> Length of stay in lb <u>2 hrs</u>		d. STREET ADDRESS (If outside, give location) <u>7 mi. S.W. Parma</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>HAZEL</u> First <u>HAZEL</u> Middle <u>BETTS</u> Last <u>BETTS</u>		4. DATE OF DEATH <u>Dec. 25-1957</u> Month <u>Dec.</u> Day <u>25</u> Year <u>1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 2-1918</u>
9. AGE (In years last birthday) <u>38</u>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>38</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (City and state or country) <u>Clarkdale Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Chas Martin</u>		14. MOTHER'S MAIDEN NAME <u>Anna Williams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Eugene Betts</u> Address <u>Parma, Mo. Pt. I</u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Diabetic Coma</u> DUE TO (b) <u>Diabetes</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.) <u>260X</u>		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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 <u>12-25-57</u> to <u>12-25-57</u> and last saw her alive on <u>12-25-57</u> Death occurred at <u>2:10 p.m.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John Henderson M.D.</u>		22b. ADDRESS <u>Poplar Bluff, Mo.</u>	
22c. DATE SIGNED <u>12-30-57</u>		23a. BURIAL, CREMATION, REMOVAL (See page 11)	
23b. DATE <u>12/29/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Stonfield</u>	
23d. LOCATION (City, town, or county) (State) <u>2 mi. South of Clarkton Mo.</u>		24. FUNERAL DIRECTOR <u>Wattson & Son, Parma, Mo.</u> ADDRESS _____	
25. DATE RECD. BY LOCAL REG. <u>1/22/58</u>		26. REGISTRAR'S SIGNATURE <u>R. H. ...</u>	

(Licensed Embalmer's Statement of Reverse Side)

Health,
& Welfare
Public
ServiceS. 300
v. 1-56

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. Securing the medical certification in the specimen form required by 195.140 R.S. 1949.

USE ONLY BLACK INK OR RIBBON TYPEWRITE, IF POSSIBLE

29-0

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JAN 6 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Carl M. Watkins* _____

Licensed Embalmer No. *4969*

P. O. Address *Butler, Pa.*

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.