

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039479

STATE FILE NUMBER

FILED NOV 17 1958

Registration District No.

118

Primary Registration District No.

5437

Registrar's No.

39

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Town Bourbois Twp.</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Farm Home</u>		Length of stay in lb <u>7 mos.</u>	
3. NAME OF DECEASED (Type or print) <u>Ida Betsch</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>8</u> Year <u>1958</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 16, 1868</u>
9. AGE (In years last birthday) <u>90</u>		10. FUNDING YEAR Months <u>90</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		12. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
13. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		14. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. FATHER'S NAME <u>John Betsch</u>		16. MOTHER'S MAIDEN NAME <u>Katherine Bauer</u>	
17. NAME OF HUSBAND OR WIFE <u>none</u>		18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
19. SOCIAL SECURITY NO. <u>none</u>		20. INFORMANT <u>Mrs. Leo H. Oldfather</u>	
21. ADDRESS <u>Bland, Mo. Rt</u>		22. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Right Hemiplegia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
23. INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4 days</u> <u>3 years</u>		24. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		26. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
27. TIME OF INJURY Hour <u>8 a.m.</u> Month, Day, Year <u>11-8-58</u>		28. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		30. CITY, TOWN, OR LOCATION <u>St. Louis, Mo.</u>	
31. I attended the deceased from <u>11-4-58</u> to <u>11-8-58</u> and last saw her alive on <u>11-8-58</u> Death occurred at <u>8 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		32. SIGNATURE <u>Paula J. Brown, M.D.</u> (Degree or title)	
33. ADDRESS <u>Owensville, Mo.</u>		34. DATE SIGNED <u>11-8-58</u>	
35. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		36. DATE <u>11-10-1958</u>	
37. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		38. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
39. FUNERAL DIRECTOR <u>Milford N.H. Winter</u>		40. ADDRESS <u>Owensville, Mo.</u>	
41. DATE RECD. BY LOCAL REG. <u>November 10, 1958</u>		42. REGISTRAR'S SIGNATURE <u>Mrs. Marion Jappinger</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8561 03 AON

### 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 Me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Michael A. H. Wain

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.