

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004134

STATE FILE NUMBER

JAN 12 1959 Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SHELBY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SHELBYVILLE, MO.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>1020 SHELBYVILLE, MO.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>SHELBYVILLE, MO.</u>	
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>VIRGINIA</u> Last <u>BETHARDS</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>3</u> Year <u>1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>APRIL 5, 1881</u>	9. AGE (In years last birthday) <u>77</u>	FUNDER 1 YEAR Months <u>7</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min. <u>7</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>HOUSE WIFE</u>		11. BIRTHPLACE (City and state or country) <u>SHELBYVILLE, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES L. HOLIDAY</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH K. TINGHE</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERT BETHARDS</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>489-36-314</u>		17. INFORMANT Address <u>LA. BELLE, MO.</u> <u>HAROLD BETHARDS</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>Not determined. Died during night alone and unattended. Had made no complaint of being sick</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>She had a systolic heart murmur</u> DUE TO (c) <u>but no symptoms of congestive heart failure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7955</u>						INTERVAL BETWEEN ONSET AND DEATH	
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 <u>7</u> a.m. <u>10</u> p.m.							
20d. INJURY OCCURRED WHILE AT <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>Dec 30 - 1958</u> to <u>Jan 7 - 1959</u> and last saw her alive on <u>Dec 30 - 1958</u> Death occurred at <u>Probably 9 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>F. G. Brewer M.D.</u> (Degree or title)				22b. ADDRESS <u>SHELBYVILLE MO</u>		22c. DATE SIGNED <u>1-6-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN 6, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F</u>		23d. LOCATION (City, town, or county) (State) <u>SHELBYVILLE, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>GREENING</u>		ADDRESS <u>SHELBYVILLE, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 7-1959</u>		26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6961 21 334
FEB 17 1959

FEB 3 1959

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

Charles V. Greening

Licensed Embalmer No. *4625*

P. O. Address *Claremont*

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.