

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017905

FILED MAY 29 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER 2251 Registrar's No.

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-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If NOT in hospital, give location) <u>St. Mary Hospital</u>		Length of stay in lb <u>20 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>532 Gladstone</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>William Dean Betty</u> First Middle Last			4. DATE OF DEATH <u>May-4-1959</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Sept. 26-1920</u>		9. AGE (In years last birthday) <u>38</u> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beautician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Beauty School</u>	11. BIRTHPLACE (City and state or country) <u>Topeka, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Betty</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Frey</u>		14. NAME OF HUSBAND OR WIFE <u>Mary J. Betty</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>514-01-5117</u>		17. INFORMANT (Name and address) <u>Mary Jane Betty 532 Gladstone K.C. Mo.</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>Cardio-vascular collapse</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <u>Posterior Myocardial Infarction</u>					<u>12 hrs</u>
DUE TO (c) <u>Acute Hemorrhagic Broncho-pneumonia</u>					<u>48 hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Renal Failure + Paralytic Ileus</u>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)		
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>April 28, '59</u> to <u>May 4, '59</u> and last saw <u>him</u> alive on <u>May 4, 1959</u> Death occurred at <u>3:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>E. B. Campbell M.D.</u>			22b. ADDRESS <u>Prof Bldg, Kansas City, Mo.</u>		22c. DATE SIGNED <u>May 5 '59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-6-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery St. Joseph, Missouri</u>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <u>C. H. Blackman & Son Inc., K.C. Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-5-59</u>		26. REGISTRAR'S SIGNATURE <u>Neal Minshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
E. B. Campbell

All diseases in Part I must be causally related.

24

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 Wayne Smith, Student Embalmer No. 567 working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed W. C. Purvine

Licensed Embalmer No. 4879

P. O. Address K.P. me

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.