

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-090737

FILED VS FEB 8 1960

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 11

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Dekalb				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		Length of stay in 1b 17 Days		c. CITY OR TOWN Santa Rosa		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R.F.D. 1 Pattensburg Mo.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Grover First Cleveland Middle Betts Last				4. DATE OF DEATH Month 2- Day 2 Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-26-1891	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during the ^{deceased's} life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) King City Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Richard Betts			13b. MOTHER'S MAIDEN NAME Martha Cail			14. NAME OF HUSBAND OR WIFE Myrtle Betts		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World War I			16. SOCIAL SECURITY NO. 499-20-2266		17. INFORMANT Address Myrtle Betts Santa Rosa Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Intra abdominal hemorrhage</u>							30 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Rupture of aneurism abdominal aorta</u>							3 minutes	
DUE TO (c) <u>Generalized advanced arteriosclerosis</u>							?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Advanced osteoarthritis lumbar spine						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
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>1/16/1960</u> to <u>2/2/60</u> and last saw her/him alive on <u>2/2/60</u> Death occurred at <u>11:30 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) 				22b. ADDRESS Cameron, Missouri			22c. DATE SIGNED 2/5/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-4-1960	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		23d. LOCATION (City, town, or county) Osborn Mo.			
24. FUNERAL DIRECTOR ADDRESS Poland Funeral Home Cameron Mo.			25. DATE RECD. BY LOCAL REG. 2-5-60		26. REGISTRAR'S SIGNATURE 			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 24 1960

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert F. Poland

Licensed Embalmer No. 4777

P. O. Address 242 West Emerson

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.