MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 24 1961

-61-002221
STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 16

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal Missouri
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Clark's Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN: Hannibal
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2209 Hope
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: CHARLES Middle: EDWARD Last: BETEBENNER SR.
4. DATE OF DEATH: Month: January Day: 11 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: April 26, 1874
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months: 8 Days: 15
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): etired
10b. KIND OF BUSINESS OR INDUSTRY: International Shoe
11. BIRTHPLACE (City and state or country): Lancaster Illinois
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Georeg Betebenner
13b. MOTHER'S MAIDEN NAME: Mariah
14. NAME OF HUSBAND OR WIFE: Sarah V. Betebenner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): o
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Charles E. Betebenner Jr. Address: coria Illinois

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO (b): Arteriosclerotic Heart disease — 1 year.
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 (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE: Hannibal Marion Mo.

21. I attended the deceased from 11/15/60, to 1/9/61 and last saw ~~her~~ him alive on 1/9/61
Death occurred at 12:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. Wattenberg M.D.
22b. ADDRESS: 1209 Broadway, Hannibal, Mo.
22c. DATE SIGNED: 1/13/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/13/1961
23c. NAME OF CEMETERY OR CREMATORY: Grand View
23d. LOCATION (City, town, or county) (State): Hannibal Missouri
24. FUNERAL DIRECTOR: W. Crawford Smith ADDRESS: Hannibal Missouri
25. DATE RECD. BY LOCAL REG.: 1/16/61
26. REGISTRAR'S SIGNATURE: Dr. E. M. Luck by Lillian M. Norman

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.