

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

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417

-61-012637

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

LED MAY 1 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Buchanan	b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph	a. STATE Missouri	b. COUNTY Buchanan
OR TOWN	Length of stay in 1b Lifetime	c. CITY OR TOWN St. Joseph	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 1210 Sacramento St.	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Edward	Middle J.	Last Bettis	Month April	Day 17	Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 3, 1877	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Terminal Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Manhall Bettis		13b. MOTHER'S MAIDEN NAME Mary Thomas		14. NAME OF HUSBAND OR WIFE Hulda M. Bettis		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Spanish Am. War.	17. INFORMANT Address Mrs. Hilma Kapp St. Joseph, Mo.
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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 unknown
IMMEDIATE CAUSE (a)	arteriosclerotic Heart Disease	
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)	Chronic Bronchitis	unknown
DUE TO (c)		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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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 _____
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21. I attended the deceased from July 25-58 to April 17, 1961 and last saw her alive on April 17, 1961
Death occurred at 6:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gustav P. Lau M.D.	22b. ADDRESS Kirkpatrick Bldg St Joseph Mo 4-20-61	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 19, 1961	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman, Inc., St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 21, 1961	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodall
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

G. A. Lau, M.D.

MAY 1 1961

MAY 16 1961

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 Robert H. Harrington

Licensed Embalmer No. 3258

P. O. Address H. J. Joseph

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.