

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6049

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		c. CITY OR TOWN <u>ST LOUIS</u>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>KINGSWAY HEALTH CENTER</u>		d. STREET ADDRESS (If outside, give location) <u>832 N. KINGSHIGHWAY</u>	
Inside Limits <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ORA M. BETTON</u>			4. DATE OF DEATH Month Day Year <u>6. 27. 61</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</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>5-4-1884</u>
9. AGE (last birthday) <u>77</u>		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) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NIL</u>	11. BIRTHPLACE (City and state or country) <u>CARTERS GEORGIA U. S. A</u>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>PRINCE DEAN</u>	
13b. MOTHER'S MAIDEN NAME <u>EMMA</u>		14. NAME OF HUSBAND OR WIFE <u>MODRE FARISH R. BETTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service.		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>E. R. BETTON 5107. LAGADIE</u>		Address	
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>ACUTE LEFT VENTRICULAR FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last). DUE TO (b) <u>MYOCARDIIS & ARTERIO SCLEROSIS</u>			
DUE TO (c) <u>HYPERTENSION</u>			
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. <u>443+</u> <input type="checkbox"/> Yes <input checked="" 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 s.m. Month, Day, Year 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>NOV. 1959</u> to <u>JUNE 1961</u> and last saw her ^{her} from alive on <u>JUNE 27, 1961</u> Death occurred at <u>4 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. J. Dield D.O.</u>		22b. ADDRESS <u>830 N. Kingshighway</u>	22c. DATE SIGNED <u>6/28/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>7-3-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS COUNTY MO</u>
24. FUNERAL DIRECTOR <u>SWAN-MCGHEE 1619 N. UNION</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 29 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith M.D.</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

Edward C. Flynn

Licensed Embalmer No. 4444

P. O. Address St. Louis

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.