

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045773

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 305v Registrar's No. 389

FILED DEC 18 1961

| | | | |
|---|------------------|---|----------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY | Pettis | a. STATE | Mo. b. COUNTY Pettis |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN | Sedalia Missouri | c. CITY OR TOWN | Sedalia Missouri |
| Length of stay in lb | | Inside Limits | |
| 40 yrs | | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Bothwell Hospital | | 103 E. Jefferson St. | |
| Inside Limits | | Reside on Farm | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | | | | |
|---|------------------|--|---------------------------|--|-----------------|-----------------------------|--|--|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | | | | |
| First | Middle | Last | Month | Day | Year | | | |
| Annetta Dortheniua | Lucille | Bethel | 12 | 12 | 1961 | | | |
| 5. SEX | 6. COLOR OR RACE | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH | 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR | | |
| Female | Negro | | 3/15/14 | 47 | Months | Days | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY | | |
| Domestic | | Housework | | Oxfalls Missouri | | U.S.A. | | |
| 13a. FATHER'S NAME | | | 13b. MOTHER'S MAIDEN NAME | | | 14. NAME OF HUSBAND OR WIFE | | |
| James Elmer Bethel | | | Alma Hipkins | | | None | | |

| | | | | | |
|--|--|------------------|--|---------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 17. INFORMANT | | Address | |
| No | | Elizabeth Porter | | 1300 E. 27th St. K.C. 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) | | 9 days | |
| DUE TO (b) | | 1 year | |
| 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. | | |
| Chronic myocarditis | | | <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 | Month, Day, Year | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 12-26-60 to 12-11-61 and last saw her ^{her} alive on 12-11-61
 Death occurred at 12-12-61 4:15 m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|----------------------------------|--------------|------------------|
| 22a. SIGNATURE (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
| A. R. Maddox MD | Sedalia Mo | 12-15-61 |

| | | | |
|---|-----------|------------------------------------|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| BURIAL | 12/16/61 | Crown Hill | Sedalia Mo. Pettis County |

| | | | |
|----------------------|----------------------|------------------------------|---------------------------|
| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
| Allen & Sons | 117 E. Jefferson St. | 12-15-61 | Frances Shelby |

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 27 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 L. D. Hardiman

Licensed Embalmer No. H378

P. O. Address 403 N. Osage

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.