

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-010052

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 336

Primary Registration District No. 4494

Registrar's No. 176

FILED FEB 27 1963

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Winona		c. CITY OR TOWN Winona Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In Winona at home		d. STREET ADDRESS (If outside, give location) Winona Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Walter Middle Eugene Last Bettis		4. DATE OF DEATH 2 - 19 - 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6-10-78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber work		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11a. FATHER'S NAME George A. Bettis		11b. MOTHER'S MAIDEN NAME Martha E. Hickey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Edna Bettis		18. NAME OF HUSBAND OR WIFE Edna Bettis	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE DUE TO (b) ARTEROSCLEROSIS DUE TO (c) 		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
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.)	
21. I attended the deceased from Feb 1 - 63 to Feb 20 - 63 and last saw him alive on Feb 20 - 63 Death occurred at 2:20 - 7:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) N. J. Ralline	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-23-63	
23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		23d. LOCATION (City, town, or county) Winona Mo.	
24. FUNERAL DIRECTOR Clary Funeral Home, Winona, Mo.		25. DATE RECD. BY LOCAL REG. 2-26-63	
26. REGISTRAR'S SIGNATURE Mabel Ralline		27. DATE SIGNED 2-26-63	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MAR 20 1963

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 Ernest E. Clay

Licensed Embalmer No. 5118

P. O. Address Box 398, Winona, Mo.

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.

Burial Permit obtained.