

BIRTH NO. _____		REG. DIST. NO. <u>311</u>		PRIMARY REG. DIST. NO. <u>4436</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>St Clair</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>					
b. CITY OR TOWN <u>Abbeville City</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Rural Desperale Pwp</u> <u>0420</u>		d. STREET ADDRESS (If rural, give location) <u>Montrose Desperale Pwp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Child Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>FRANK</u>			a. (First)		b. (Middle) <u>-</u>		c. (Last) <u>Bettels</u>		
4. DATE OF DEATH		(Month) (Day) (Year)		<u>1-28-1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>10-1-1883</u>			
9. AGE (in years last birthday) <u>71</u>		# UNDER 1 YEAR Months		# UNDER 1 DAY Days		# UNDER 1 MIN. Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Montrose Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>William Bettels</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Hoile</u>		14. NAME OF DECEASED WIFE <u>Anna Bettels</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ida Bettels</u> ADDRESS <u>Montrose Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				ANTECEDENT CAUSES				DUE TO (b) <u>Chronic pyelonephritis</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Neurogenic bladder - following</u>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>abdomino-perineal resection of colon</u>				8 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>15.3 X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>May 19</u> , 19 <u>54</u> , to <u>Jan 28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 27</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. A. Slickman, M.D.</u>				23b. ADDRESS <u>Abbeville City, Mo.</u>				23c. DATE SIGNED <u>Jan 28 '55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-31-1955</u>		24c. Funeral Home <u>Catholic Ch.</u>		24d. LOCATION (City, town, or county) (State) <u>Montrose Mo</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 29-1955</u>		REGISTRAR'S SIGNATURE <u>Chas. Abney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Slickman & Pursuing</u>		ADDRESS <u>Clinton Mo</u>			

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
Student Embalmer

Signed Robert J. Dunning

Licensed Embalmer No. 4570

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.