

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33400

State File No. 10-48-119

FILED OCT 25 1948

Registration District No. 190

Primary Registration District No. 5675

Registrar's No. 118

53  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Sleeper  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Sleeper 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lee Andrew Bethurem

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lizzie Bethurem

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 4 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Laclede Co. Mo. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Stockman

11. Industry or business Farm

MOTHER FATHER

12. Name Granville Bethurem

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Angeline Smithpeter

15. Birthplace Laclede Co. Mo. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Lizzie Bethurem

(b) Address Sleeper Mo.

17. (a) Burial (b) Date thereof 10-13-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Lebanon

18. (a) Signature of funeral director W.E. Holman

(b) Address Lebanon Mo.

19. (a) 10-16-48 (b) Jessie B. Spink  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11  
year 1948 hour 7 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct. 11  
1948 to Oct. 11 1948;

that I last saw him alive on Nov. 19 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack - instant

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 95C

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. Carrington (M. D. or other) M.D.

Address Lebanon, Mo. Date signed 10-12-48

APR 27 1948

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Dorsey M. Howe  
Licensed Embalmer No. 4222  
P. O. Address Lebanon, 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.**