

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26746

FILED SEP 8 1949

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5508 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Depwater Twp</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Depwater Twp</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5 Mi West of Montrose</i>		d. STREET ADDRESS (If rural, give location) <i>5 Mi W of Montrose</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Anna</i> b. (Middle) <i>Bettels</i> c. (Last) <i>Bettels</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 25-1949</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4-8-1892</i>	9. AGE (In years last birthday) <i>57</i>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>		11. BIRTHPLACE (State or foreign country) <i>Henry Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Spencer Gillispie</i>		13b. MOTHER'S MAIDEN NAME <i>Francais Wieman</i>		14. NAME OF HUSBAND OR WIFE <i>Frank Bettels</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Frank Bettels</i> ADDRESS <i>Montrose, Mo</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ch. myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4221</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio-sclerosis</i>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 *July 1, 1949*, to *Aug. 24, 1949*, that I last saw the deceased alive on *Aug 16, 1949*, and that death occurred at *6 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. E. Biggerly M.D. U</i>	23b. ADDRESS <i>Montrose, Mo.</i>	23c. DATE SIGNED <i>8-26-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Aug 27-1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>St. Annantowne Cem</i>
24d. LOCATION (City, town, or county) (State) <i>Henry Co Mo</i>		

DATE REC'D BY LOCAL REG. <i>Aug 26-49</i>	REGISTRAR'S SIGNATURE <i>Florence Adario</i>	422	25. FUNERAL DIRECTOR'S SIGNATURE <i>Adario</i> ADDRESS <i>Clinton Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7

District File Number 8-49-1077

Date Filed 9-7-49

MAY 16 1956

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 L. Dunning.....

Licensed Embalmer No. 4910.....

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.