

No. 300  
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FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5409

BIRTH NO.		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>			
b. CITY OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (In this place) (township) <b>2/16/50</b>		c. CITY OR TOWN <b>Hannibal</b>		0644 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth</b>				d. STREET ADDRESS (If rural, give location) <b>706 Birch Street</b>			
3. NAME OF DECEASED (Type or Print) <b>Elias Betzhold</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>February 18, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>November 14, 1856</b>		9. AGE (In years last birthday) <b>93</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Butcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>4</b>	
13a. FATHER'S NAME <b>Henry Betzhold</b>			13b. MOTHER'S MAIDEN NAME <b>Eva Kraus</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Ann</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. O. E. Kirby Sr.</b>			
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.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				<b>Cerebral Hemorrhage</b>			<b>2/16/50</b>
ANTECEDENT CAUSES				DUE TO (b)			<b>10 yrs</b>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<b>arterio sclerotic vascular disease</b>			<b>33 1/2</b>
DUE TO (c)				<b>Senility</b>			<b>10 yrs</b>
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 <b>2/16</b> , 19 <b>50</b> , to <b>2/17</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>2/17</b> , 19 <b>50</b> , and that death occurred at <b>4:16 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert J. Lawrence</b>				23b. ADDRESS <b>504 Birch St, Hannibal Mo.</b>		23c. DATE SIGNED <b>2/29/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/20/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grandview Burial Park</b>		24d. LOCATION (City, town, of county) (State) <b>Hannibal Missouri</b>		
DATE REC'D BY LOCAL REG. <b>2-21-50</b>		REGISTRAR'S SIGNATURE <b>W. C. Tucker</b>		UNUSUAL DIRECTOR'S SIGNATURE <b>W. C. Tucker</b>		ADDRESS <b>Hannibal Missouri</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 24 1950  
MISSOURI HEALTH DEPT.  
DATE FILED FEB 27 1950

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.

Signed \_\_\_\_\_

*John S. Stand*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4560

P. O. Address Hannibal Missouri

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.