

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17185

560

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

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 5661		Registrar's No. 46		
1. PLACE OF DEATH a. COUNTY Lewis County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ewing		c. LENGTH OF STAY (in this place) 8 Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 1070				
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 8 miles South East of Bethel.				
3. NAME OF DECEASED (Type or Print) a. (First) Mildred b. (Middle) Alberta c. (Last) Allen			4. DATE OF DEATH (Month) (Day) (Year) April 22 1951					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓		8. DATE OF BIRTH Dec 20-1906		9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Days 4	IF UNDER 24 HRS. Hours 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY School Teacher		11. BIRTHPLACE (State or foreign country) Shelby County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Albert L Bethards			13b. MOTHER'S MAIDEN NAME Virginia Holiday		14. NAME OF HUSBAND OR WIFE Irl Allen			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Bethards Shelbyville Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 7 Mo.	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Muscular dystrophy							
	ANTECEDENT CAUSES							
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
	DUE TO (b) _____							
	DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS							
	Conditions contributing to the death but not related to the disease or condition causing death. disease Hypertensive cardio-vascular							
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 7441						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 April 11, 1951 to April 22, 1951, that I last saw the deceased alive on April 22, 1951, and that death occurred at 7:30 P.M., from the causes and on the date stated above.								
23a. SIGNATURE Harry L. McBrockm ✓ (Degree or title) D.O.			23b. ADDRESS La Belle, Missouri			23c. DATE SIGNED 4/25/51		
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE April 25-1951	24c. NAME OF CEMETERY OR CREMATORY STEFFENSVILLE		24d. LOCATION (City, town, or county) (State) STEFFENSVILLE Missouri			
DATE REC'D BY LOCAL REG. 4/27/50		REGISTRAR'S SIGNATURE P. W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. W. Musgrave Bethel, Mo.				

Date Received: MAY 11 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-894
Date Filed: MAY 12 1951

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 _____

Self

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *C. W. Musgrove*

Licensed Embalmer No. *2719*

P. O. Address *Bethel 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.