

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 360

1. PLACE OF DEATH  
a. COUNTY Marion  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).  
a. STATE Missouri b. COUNTY Marion  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oakwood  
d. STREET ADDRESS (If rural, give location) 2835 Market

3. NAME OF DECEASED (Type or Print)  
a. (First) John b. (Middle) T. c. (Last) Betts

4. DATE OF DEATH (Month) (Day) (Year)  
November 13, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH January 6, 1879

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY Cement Company

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Betts

13b. MOTHER'S MAIDEN NAME Faye

14. NAME OF HUSBAND OR WIFE

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. 490-07-6744

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. John T. Betts Oakwood, Mo.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Infarction  
ANTECEDENT CAUSES DUE TO (b) Coronary Heart Disease  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) .  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
3 hrs  
6 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES  NO

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)  
O

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 13, 1951, to Nov 13, 1951, that I last saw the deceased alive on Nov 13, 1951, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. C. Campbell

23b. ADDRESS 1001 Parkway

23c. DATE SIGNED 11/19/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11 19 51

24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park

24d. LOCATION (City, town, or county) (State) Hannibal, Missouri

DATE REC'D BY LOCAL REG. 11-19-51

REGISTRAR'S SIGNATURE Dr. E. M. Lucke

FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Campbell

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

44  
0

RECEIVED

NOV 21 1951

CO. HEALTH DEPT.

DATE FILED NOV 21 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John S. Stand*

Licensed Embalmer No. 4540

P. O. Address

*Annabel Niss*

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.