

FILED AUG 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25339

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 5949 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>PIKE 0820</u>		2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pike 0820</u>	
b. CITY OR TOWN <u>Rural Linn Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>BETTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>SEPT 10 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years) (If under 1 year last birthday) <u>54</u> (If under 1 year) (Month) (Day) (Hour) (Min.) <u>10 14</u>
11. BIRTHPLACE (State or foreign country) <u>Pike Co Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Betts</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Colledge</u>	
14. NAME OF HUSBAND OR WIFE <u>Debbie Betts</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Debbie Betts</u> ADDRESS <u>Bowling Green Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ 2. 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"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>4201</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bowling Green Pike Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/2</u> , 19 <u>51</u> , to <u>7/24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5/5</u> , 19 <u>52</u> , and that death occurred at <u>2:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. C. Whiddell</u>		23b. ADDRESS <u>Bowling Green</u>	
23c. DATE SIGNED <u>7/29/52</u>		24. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-27-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bowling Green</u>		24d. NAME OF CEMETERY OR CREMATORY <u>Bowling Green Mo</u>	
DATE REC'D BY LOCAL REG. <u>7/30/52</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u> ADDRESS <u>540</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead</u>		ADDRESS <u>Bowling Green</u>	

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

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Harold C. Kink*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4597*

P. O. Address *Bonoline Alley*

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.