

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27633

FILED SEP 8 - 1952

DELAYED

State File No.

350

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

BIRTH NO. _____		REG. DIST. NO. <u>103</u>		PRIMARY REG. DIST. NO. <u>5447</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermondale Rural</u>		c. LENGTH OF STAY (in this place) <u>0350</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermondale</u>		<u>0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>D</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jasper</u> b. (Middle) <u>Betheny</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>1 26 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-3-1931</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____	IF UNDER 2 HRS. Hours _____
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		11. BIRTHPLACE (State or foreign country) <u>Blytheville Ark.</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Shelley Betheny</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Redd</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Shelley Betheny</u>		ADDRESS <u>Hermondale 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Congenital Cerebral Aneurysm</u> 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.				INTERVAL BETWEEN ONSET AND DEATH. <u>2 hrs</u> <u>20 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7546</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1-26</u> , 19 <u>52</u> , to <u>1-26</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>1-26</u> , 19 <u>52</u> and that death occurred at <u>10:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R.A. Wilson, M.D.</u> (Degree or title)				23b. ADDRESS <u>1212 Broadway, Blytheville Ark</u>		23c. DATE SIGNED <u>9-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-3-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Hollan Yarbrow Arkansas</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 8, 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Coston</u>		ADDRESS <u>Blytheville Ark.</u>	

SEP 8 1952

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

John D. Smith