

FILED NOV 8 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35346

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 191

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. (Institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oak Grove 0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 8	

3. NAME OF DECEASED (Type or Print) a. (First) Betty F c. (Last) Chanstor			4. DATE OF DEATH (Month) (Day) (Year) Oct. 21 - 52		
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5. SEX F m		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 19 - 1863		9. AGE (In years last birthday) 88 (88)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Wellington Mo			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Ben Porter			13b. MOTHER'S MAIDEN NAME Ann Price			14. NAME OF HUSBAND OR WIFE		
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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 Ben Colvin Oak Grove Mo			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbidity 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 mos 10 year	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4500	
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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?	
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22. I hereby certify that I attended the deceased from Jan. 1, 1925, to Oct. 21, 1952, that I last saw the deceased alive on Oct. 20, 1952, and that death occurred at 11 P. M., from the causes and on the date stated above.

22a. SIGNATURE P. Jackson MD (Degree or title)		22b. ADDRESS Oak Grove Mo		22c. DATE SIGNED 10-24-52	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 24 52		23c. NAME OF CEMETERY OR CREMATORY Bates City		23d. LOCATION (City, town, or county) (State) Bates City Mo	
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DATE REC'D BY LOCAL REG. OCT. 24, 1952		REGISTRAR'S SIGNATURE Donald C. Eamshaw 378		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home - Oak Grove Mo	
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WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed R B Webb.....

Licensed Embalmer No. 231-3.....

P. O. Address Blue Springs.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.