

FILED MAY 25 1953

STANDARD CERTIFICATE OF DEATH

State File No. 17503

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4149 Registrar's No. 14-1953

1. PLACE OF DEATH a. COUNTY <u>Clarendon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clarendon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba</u> <u>0280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>d</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Henry</u> c. (Last) <u>Bethmann</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-16-1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 11 1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>5</u>	IF UNDER 18 HRS. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired U.S. Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trisco S.P.</u>	11. BIRTHPLACE (State or foreign country) <u>Meldorf P. Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Bethmann</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Elizabeth Heinrich</u>		14. NAME OF HUSBAND OR WIFE <u>Anna M. (Dec'd) (1947)</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>702-03-9337A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Metel Kapeller</u> ADDRESS <u>Cuba, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Asthma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 Dec. 12, 1950, to May 16, 1953, that I last saw the deceased alive on May 16th, 1953, and that death occurred at 9:59 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph Thomas De Soto, D.C.</u> (Degree or title)	23b. ADDRESS <u>Cuba, Mo.</u>	23c. DATE SIGNED <u>5/19/53</u>
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-20-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery, Cuba, Mo.</u>	24d. LOCATION (City, town, or county) (State)
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>5-20-1953</u>	REGISTRAR'S SIGNATURE <u>Paul A. Shandley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shandley</u> ADDRESS <u>Cuba, Mo.</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

280
1

MAY 25 1959

STATEMENT BY LICENSED EMBALMER

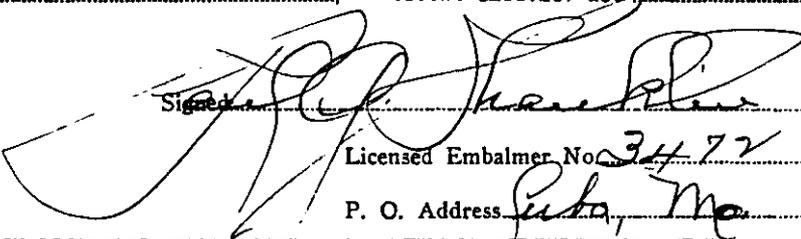
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. 7

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3472

P. O. Address Cuba, 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.