

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23656**

BIRTH NO.		REG. DIST. NO. 207		PRIMARY REG. DIST. NO. 9318		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Maries			
b. CITY (If outside corporate limits, write RURAL and give township) Vienna, Mo.		c. LENGTH OF STAY (in this place) 14 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Vienna,			
d. FULL NAME OF HOSPITAL OR INSTITUTION His Home				d. STREET ADDRESS (If rural, give location) Mo.			
3. NAME OF DECEASED (Type or Print) Allison		b. (Middle) R.		c. (Last) Bethel		4. DATE OF DEATH (Month) (Day) (Year) July 15, 1954.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 26, 1875.	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR 11 Months 19 Days		IF UNDER 24 HRS. 0 Hours 0 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Curdsville, Ky.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Tilman Bethel		13b. MOTHER'S MAIDEN NAME Nora Layson		14. NAME OF HUSBAND OR WIFE Nona Bethel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY 490-09-4414		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nona Bethel, Vienna, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Excessive heat				INTERVAL BETWEEN ONSET AND DEATH 18 days ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X F				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 11/11/42 to July 15, 1954 , that I last saw the deceased alive on 9:10 a.m. , 19 54 , and that death occurred at 9:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. C. Howard, M.D.				23b. ADDRESS Vienna, Missouri		23c. DATE SIGNED 7/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/17/54		24c. NAME OF CEMETERY OR CREMATORY Vienna, Cemetery		24d. LOCATION (City, town, or county) (State) Vienna, Mo.	
DATE REC'D BY LOCAL REG. 7-20-54		REGISTRAR'S SIGNATURE Pauline Howard		FUNERAL DIRECTOR'S SIGNATURE W. P. ...		ADDRESS Vienna, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Student Embalmer No.

Signed *W. B. Birmingham*

Licensed Embalmer No., *36649*

P. O. Address *Greenville, S. C.*

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.