

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1276**

FILED FEB 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>60 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>1810 Askew</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HOWARD</b> b. (Middle) _____ c. (Last) <b>BETHUREM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 12 1956</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, <del>WIDOWED</del> DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 15, 1894</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <b>File Setter Helper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Emporia, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
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13a. FATHER'S NAME <b>John Wesley Bethurem</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret E. Saunders</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Lillie Bethurem</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>499-14-1654</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Lillie Bethurem 1810 Askew K.C.MO.</b>			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion with myocardial infarction</b></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <b>Arteriosclerotic heart disease</b></p> <p>DUE TO (c) <b>Chronic congestive failure &amp; auricular fibrillation</b></p> <p>11. OTHER SIGNIFICANT CONDITIONS <b>auricular fibrillation</b></p> <p><i>Conditions contributing to the death but not related to the disease or condition causing death.</i></p>								<b>Hours</b>	
								<b>Years</b>	
								<b>Years</b>	
								<b>4200</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from Sept. 25, 1955, to Jan. 12, 1956, that I last saw the deceased alive on Jan. 12, 1956, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>R. S. Long</i>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>4800 E. 24th, Kansas City, Mo.</b>		23c. DATE SIGNED <b>1-13-56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/14/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
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DATE REC'D BY LOCAL REG. <b>1-13-56</b>		REGISTRAR'S SIGNATURE <i>Neva Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>QUIRK &amp; TOBIN 20 West Linwood, K.C.MO.</b>			
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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Forrest D. Baldwin*

Licensed Embalmer No. *4714*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.