

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9566

State File No.

BIRTH NO.		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>34</u>				
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u>				b. COUNTY <u>Johnson.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg.</u>		c. LENGTH OF STAY (In this place) <u>4yrs</u>		c. CITY OR TOWN <u>Warrensburg.</u>		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center.</u>				e. STREET ADDRESS (If rural, give location) <u>314. E. Gay St.</u>				<u>05120</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Watson</u>			b. (Middle) <u>Henry</u>		c. (Last) <u>Bettes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March. 8, 1956.</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug. 31, 1879.</u>		9. AGE (In years) (Month) (Day) (Year) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired; Production Supt. Gulf Oil.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Oil.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unbridge. Canada.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George Betes</u>			13b. MOTHER'S MAIDEN NAME <u>Ester Jane Argue</u>		14. NAME OF HUSBAND OR WIFE <u>Nina Betes</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>442-09-6361</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nina M. Betes.</u>				ADDRESS <u>Warrensburg, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture of Aneurysm of aorta</u> ANTECEDENT CAUSES Morbid 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.						INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" 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) <u>022X</u>						
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 <u>Jan</u> , 19 <u>56</u> , to <u>3-8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-7</u> , 19 <u>56</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>R. Lee Cooper M.D.</u>				(Degree or title)		23b. ADDRESS <u>Warrensburg mo</u>		23c. DATE SIGNED <u>3/9/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/9/56</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. <u>Mar 19, 1956</u>		REGISTRAR'S SIGNATURE <u>Savannah Phillips</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips.</u>				ADDRESS <u>Warrensburg, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1470

MAR. 20 1956

RECEIVED
MAR 12 1956
JOHNSON COUNTY HEALTH DEPT.

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 *P. Q. Phillips*.....

Licensed Embalmer No. *2320*.....

P. O. Address *Warrensburg*.....

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.