

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022025
STATE FILE NUMBER

JUL 1 1959 Registration District No. 170 Primary Registration District No. Registrar's No. 98

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR MAFIELD TWP TOWN Rt. 1, Stoutland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Stoutland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1, Stoutland		Length of stay in lb 40 yrs.	STREET ADDRESS 053rd St Rt. 1		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Elmer Last Bethurem			4. DATE OF DEATH Month June Day 21 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1880	9. AGE (In years) 78 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Stoutland, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jim Bethurem		13b. MOTHER'S MAIDEN NAME Mary Mayfield		14. NAME OF HUSBAND OR WIFE Dora May Bethurem	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Minnie B. Ogle, Stoutland, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of prostate gland DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) Uremic Coma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs 5 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov. 30, 1954 to Sept. 8, 1958 and last saw her alive on Sept. 8, 1958 Death occurred at Stoutland Mo 5 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul Jenkins M.D.		22b. ADDRESS Lebanon, Missouri		22c. DATE SIGNED June 23, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-23-59	23c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery		23d. LOCATION (City, town, or county) (State) Stoutland, Mo.	
24. FUNERAL DIRECTOR Colonial Fun. Home, Lebanon, Mo.		25. DATE RECD. BY LOCAL REG. 6-23-1959	26. REGISTRAR'S SIGNATURE Hella L. May		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

alsh,elfare, blic,rvic

00
-57

All diseases in Part I must be causally related.

395 I 700

STATE FILED JUN 29 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. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *R. L. Barber*

Licensed Embalmer No. *3848*

P. O. Address *W. W. ...*

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.