

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039614

FILED VS. DEC 7 1959 28

STATE FILE NUMBER

Registration District No. 728 Primary Registration District No. 2000 Registrar's No. 1315

RECEIVED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <i>Greene</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Springfield</i>		a. STATE <i>Mo.</i>		b. COUNTY <i>Greene</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Fosters Nursing Home</i>		Length of stay in 1b <i>10 Days</i>		c. CITY OR TOWN <i>Ash Grove</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <i>R.F.D 1</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <i>Martha</i>		Middle <i>Ellen</i>		Last <i>Betzner</i>		Month <i>Dec</i> Day <i>3</i> Year <i>1959</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>4-5-1908</i>	9. AGE (last birthday) <i>51</i>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housekeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housekeeping</i>		11. BIRTHPLACE (City and state or country) <i>Kansas</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>John Mason</i>		13b. MOTHER'S MARDEN NAME <i>Minerva Pugh</i>		14. NAME OF HUSBAND OR WIFE <i>Harry Betzner</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Harry Betzner</i> Address <i>Ash Grove Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Metastatic Carcinoma</i>							
DUE TO (b) <i>Carcinoma of left breast</i>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input 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 <i></i> Month, Day, Year <i></i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>Oct 16, 1959</i> to <i>Dec 3, 1959</i> and last saw her <i>alive</i> on <i>Dec 3, 1959</i> Death occurred at <i>8:20</i> <i>A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>A. Stumpf</i> (Degree or title) <i>Pa</i>				22b. ADDRESS <i>Ash Grove, Mo</i>		22c. DATE SIGNED <i>12/4/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Dec 8-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		23d. LOCATION (City, town, or county) <i>Springfield Missouri</i> (State)		
24. GENERAL DIRECTOR <i>W. B. ...</i>		ADDRESS <i>Ash Grove Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-4-59</i>	26. REGISTRAR'S SIGNATURE <i>Effie S. Mellon</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Richard E. Watts

Licensed Embalmer No. 4652

P. O. Address Ash Grove

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.