

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009855

FILED VS APR 4 1960

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Registration District No. _____ Primary Registration District No. **3006** Registrar's No. **192**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 36 Years		c. CITY OR TOWN Columbia		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1210 Rollins St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1210 Rollins St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First HERMAN Middle BETZ Last BETZ			4. DATE OF DEATH Month March Day 27 Year 1960				
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 9-30-1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prof. of Mathematics		10b. KIND OF BUSINESS OR INDUSTRY Professor		11. BIRTHPLACE (City and state or country) Rochester, New York		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Carl Betz			13b. MOTHER'S MAIDEN NAME Anna		14. NAME OF HUSBAND OR WIFE Margaret Mackenzie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. -		17. INFORMANT Address Mrs. Herman Betz, Columbia, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion suspected						INTERVAL BETWEEN ONSET AND DEATH immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) arterio-sclerotic heart disease						years	
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 _____ a.m. _____ p.m. _____		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 Mar 27, 1960 to Mar 27, 1960 and last saw her/him alive on 2 weeks prior to death Death occurred at 11 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Phyllis Logue MD (Degree or title)				22b. ADDRESS 909 University Ave Columbia Mo		22c. DATE SIGNED 27 Mar 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-30-1960		23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		23d. LOCATION (City, town, or county) (State) Columbia, Mo.	
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.				25. DATE RECD. BY LOCAL REG. Mar 29 1960		26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 20 1960

STATEMENT BY LICENSED EMBALMER

APR 5 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald L Roberts

Licensed Embalmer No. 4722
P. O. Address Columbia, 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.