

REC'D AUG 25 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

25918

Do not use this space.

Registered No. 58

1. PLACE OF DEATH

 (a) County Miller Registration District No. 561
 (b) Township Primary Registration District No. 4320
 (c) City Eldon (d) Street No.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME John Ira Hetsel
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nerma hetsel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 1885
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
53 0 24

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio13. NAME William H. Hetsel14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Dora Minton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Ralph Hetsel
(ADDRESS) Eldon, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Wichita, Kansas DATE July 23 193819. FUNERAL DIRECTOR Phillips Funeral Home
(ADDRESS) Eldon, Missouri20. FILED July 22, 1938 Belle Haynes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1938 1922. I HEREBY CERTIFY, That I attended deceased from July 1936 to 7-22 1938I last saw him alive on 7-21 1938 Death is saidto have occurred on the date stated above, at 12:40 A. M.

The principal cause of death and related causes of importance were as follows:

UremiaDate of onset
7-11-38

Other contributory causes of importance:

Chronic Interstitial Nephritis.Feb 36Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury
Nature of injury24. Was disease or injury in any way related to occupation of deceased? No
If so, specify(Signed) E. C. Helton M. D.(Address) Eldon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Louis D. Phillips, Licensed Embalmer No. 3663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. _____ or by _____
working under my personal supervision.

Signed Louis D. Phillips, Registered Apprentice No. _____

Licensed Embalmer No. 3663

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.)