V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 22 1957

State File No. 21479A

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4483 Registrar's No. 126

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

1. PLACE OF DEATH
a. COUNTY: Scotland
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rutledge
c. LENGTH OF STAY (In this place): entire life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Scotland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rutledge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): S.
c. (Last): Fetters

4. DATE OF DEATH (Month) (Day) (Year): June 21, 1945

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 13, 1864
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Knox County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Casper Fetters
13b. MOTHER'S MAIDEN NAME: Lillian B. Asbury
14. NAME OF HUSBAND OR WIFE: Lillie Fetters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Bessie M Parrish — ADDRESS: Rutledge

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): Coronary Thrombosis

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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): Rutledge Scotland Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* no present to at time of death *that I last saw the deceased alive on* June 20, 1946, *and that death occurred at* 7 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. S. Dennis D.O.
23b. ADDRESS: Rutledge Mo
23c. DATE SIGNED: 7/13/57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 23, 1945
24c. NAME OF CEMETERY OR CREMATORY: Greensburg Cemetery
24d. LOCATION (City, town, or county) (State): Knox County, Missouri

DATE REC'D BY LOCAL REG.: 7-16-57
REGISTRAR'S SIGNATURE: Vera G. Turner
25. FUNERAL DIRECTOR'S SIGNATURE: Gerth Baskett — ADDRESS: Memphis

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(Licensed Embalmer's Statement on Reverse Side)

JUL 24 1957

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 _____
Student Embalmer

Signed Fred Garth ~~Baskett~~

Licensed Embalmer No. 4256

P. O. Address Memphis

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 this body is not embalmed, fact should be so stated above.