

FILED APR 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11443

BIRTH NO.		REG. DIST. NO. 13		PRIMARY REG. DIST. NO. 3003		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett 407 2nd St.		c. LENGTH OF STAY (In this place) Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 407 Second St. Monett, Missouri			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Vicent Hospital 0				d. STREET ADDRESS (If rural, give location) 407 Second St. Monett, Mo 0			
3. NAME OF DECEASED (Type or Print) George W. Etter			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) April 1, 1949	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 24 1885	
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months 8		IF UNDER 24 HRS. Days 8		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Frisco Employee		11. BIRTHPLACE (State or foreign country) Lawrence County Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Logan Etter			13b. MOTHER'S MAIDEN NAME Mary Grisham			14. NAME OF HUSBAND OR WIFE Jessie Etter	
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. 702 07 7480		17. INFORMANT'S SIGNATURE OR NAME Mrs Jessie Etter			
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 occlusion  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. none.				INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar 21, 1949, to April 1, 1949, that I last saw the deceased alive on Mar 31, 1949, and that death occurred at 8:30 am., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert M. Winkler M.D.				23b. ADDRESS Monett, Mo		23c. DATE SIGNED Apr 6, 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 5 49		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows		24d. LOCATION (City, town, or county) (State) Monett, Missouri Barry	
DATE REC'D BY LOCAL REG. 4-9-49		REGISTRAR'S SIGNATURE W. M. West 12		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bennett & Wormington Funeral Home Monett Mo,			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 18 1949  
RECEIVED

DEC 16 1949

APR 20 1950

District Health Officer No. 6,  
District File Number 449-453  
Date Filed 4-18-49

AUG 9 1954

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 Glendon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett Missouri

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.