

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29461

14-1-1949

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY <i>Calloway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>Fulton</i> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <i>Kansas City</i> (If outside corporate limits, write RURAL and give township)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital #1</i>		d. STREET ADDRESS (If rural give location) <i>5114 Olive St</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Ralph</i> b. (Middle) <i>F</i> c. (Last) <i>Gettinger</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 24 1949</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec 1 1884</i>
9. AGE (In years last birthday) <i>62</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Electrical engr</i>	11. BIRTHPLACE (State or foreign country) <i>Kansas</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Electrical</i>	12. CITIZEN OF WHAT COUNTRY? <i>America</i>
13a. FATHER'S NAME <i>Wm Gettinger</i>		13b. MOTHER'S MAIDEN NAME <i>Laura Fredrick</i>	14. NAME OF HUSBAND OR WIFE <i>Edith Gettinger</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>DK</i>		16. SOCIAL SECURITY NO. <i>DK</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Records State Hospital #1 Fulton</i>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchial Pneumonia</i> ANTECEDENT CAUSES Morbidity 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. <i>Psychosis with organic brain disease</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 20, 1949</i> , to <i>Sept 24, 1949</i> , that I last saw the deceased alive on <i>Sept 24, 1949</i> , and that death occurred at <i>7:00 p.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>J C Caldwell</i> (Degree or title) <i>MD</i>		23b. ADDRESS <i>no 100 Fulton mo</i>	
23c. DATE SIGNED <i>9/24/49</i>		23c. DATE SIGNED <i>9/24/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Sept 25-1949</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Lisbon Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Union City, Indiana</i>	
DATE REC'D BY LOCAL REG. <i>Sept 25-1949</i>		REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Wallace Funeral Home</i>		ADDRESS <i>Fulton, Mo</i>	

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

OCT 29 1949

RECEIVED
10-4-49
District Health Officer No. 9,
District File Number

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

working under my personal supervision.

Student Embalmer No.

Signed

Peniel C. Browning

Signed.....

Student Embalmer

Licensed Embalmer No. 2727

P. O. Address Fallon, Ind

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.