

No. 300
10.48

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17484

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 155

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>712 Birch Street</u>	

3. NAME OF DECEASED (Type or Print) <u>Charles</u>	a. (First) <u>Charles</u>	b. (Middle) <u>M</u>	c. (Last) <u>Fetter</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 27, 1950</u>
--	---------------------------	----------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 24, 1871</u>	9. AGE (In years last birthday) (Months) (Days) (Year) <u>79</u> <u>1</u> <u>3</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Painter</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Gene. Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--------------------	-------------------------------	---	--	--	---	---	--	---

13a. FATHER'S NAME <u>Peter Fetter</u>	13b. MOTHER'S MAIDEN NAME <u>Harrina Bramblett</u>	14. NAME OF HUSBAND OR WIFE <u>Rose</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Fetter</u> ADDRESS <u>712 Birch Harrison</u>
--	-------------------------------	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 years</u> <u>3.32X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u>		
	DUE TO (c) _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____
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? _____

22. I hereby certify that I attended the deceased from 4-24-50 to 4-27-50 that I last saw the deceased alive on 4-27-50, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Anderson M.D.</u> (Degree or title)	23b. ADDRESS <u>Harrison Mo</u>	23c. DATE SIGNED <u>5-9-50</u>
---	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Harrison Marion MO</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5-11-50</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Harrison Mo</u>
---	--	--

RECEIVED MAY 18 1950
MARION O. HEALTH DEPT.
DATE FILED MAY 22 1950

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 Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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 this body is not embalmed, fact should be so stated above.