

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25955  
State File No. ....

BIRTH NO. 0 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 149

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Mexico</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Mexico</b>   |  |
| c. LENGTH OF STAY (In this place)<br><b>12 days</b>                                   |  | d. STREET ADDRESS (If rural, give location)<br><b>415 W. Hendrix</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>                       |  |   |  |

|  |                                 |  |   |  |   |
|--|---------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>JAY</b> b. (Middle) <b>GLEN</b> c. (Last) <b>FETTERHOFF</b> |                                 |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Aug. 17, 1950</b> |  |   |
| 5. SEX<br><b>White</b>   | 6. COLOR OR RACE<br><b>Male</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Nov. 9, 1885</b>                       | 9. AGE (In years by birthday)<br><b>64</b>                             | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Minister</b>   |                                 | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Nazarine Church</b>              |   | 11. BIRTHPLACE (State or foreign country)<br><b>Bowling Green, Mo.</b> |   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |                                 |  |   |  |   |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><b>Wm Fetterhoff</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Victoria Elder</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Ruth Fetterhoff</b>                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>None</b>             |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Claude Fetterhoff Mexico, Mo.</b> |  |

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <b>Coronary Thrombosis</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>Aug 11-50.</b><br><br><b>2 yrs.</b><br><br><b>4201</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertensive Cordia Vascular Disease</b> |  |   |
|   | DUE TO (c) _____  |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|  |   |   |
|--|---|---|
| 19a. DATE OF OPERATION<br><b>None</b>              | 19b. MAJOR FINDINGS OF OPERATION  | 20. AUTOPSY?<br>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, store, 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?  |

22. I hereby certify that I attended the deceased from Aug 11, 1950, to Aug. 17, 1950, that I last saw the deceased alive on Aug 16, 1950, and that death occurred at 5:28 m., from the causes and on the date stated above.

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 23a. SIGNATURE (Degree or title)<br><b>Harry J. O'Brien M.D.</b>    |  | 23b. ADDRESS<br><b>1115 Monroe, Mexico Mo.</b> |  | 23c. DATE SIGNED<br><b>8-17-50</b>                            |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>          |  | 24b. DATE<br><b>Aug. 19, 50</b>                |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Elmwood Cemetery</b> |  |
| 24d. LOCATION (City, town, or county) (State)<br><b>Mexico, Mo.</b> |  |  |  |   |  |

|  |   |  |                               |
|--|---|--|-------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>Aug 18-1950</b> | REGISTRAR'S SIGNATURE<br><b>Blanche Keely</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Paul E. O'Brien</b> | ADDRESS<br><b>Mexico, Mo.</b> |
|--|---|--|-------------------------------|

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

Date Received: AUG 21 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 8-50-1  
Date Filed: AUG 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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed

*Ralph L. Houston*

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.