

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32337

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Chaffee</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1 Chaffee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D. #1 Chaffee</u>		d. STREET ADDRESS (If rural, give location) <u>R. F. D. #1 Chaffee</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>James</u>	b. (Middle) <u>Howard</u>	c. (Last) <u>Etherton</u>	(Month) <u>8</u>	(Day) <u>11</u>	(Year) <u>1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/2/1878</u>		9. AGE (In years last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Henry Etherton</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Dodson</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. May Etherton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. May Etherton Chaffee Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIO SCLEROSIS - CHR. MYOCARDITIS</u>		<u>Dont Know</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC INTERSTITIAL NEPHRITIS</u> DUE TO (c) _____		<u>Dont Know</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ascites - Respiratory Failure</u>		<u>6 weeks</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	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 June 10, 1950, to Aug. 11th, 1950, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:25 AM, from the causes and on the date stated above.

23a. SIGNATURE (Print name and title) <u>W. A. Sample M.D.</u>	23b. ADDRESS <u>Chaffee - Missouri</u>	23c. DATE SIGNED <u>Aug. 17-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/13/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friend Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Oran Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Sept. 5-1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. Fred Bisphop</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl K. Smith</u>	ADDRESS <u>Crow Mo.</u>
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(If revised, Emballment Statement on Reverse Side)

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

S. No. 300  
V. 10. 48

RECEIVED SEP 18 1950  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 950-112

**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, XXX

working under my personal supervision.

Student Embalmer No.....

Signed Earl J. Smith

Signed.....  
Student Embalmer

Licensed Embalmer No..... 2676

P. O. Address Oran, 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.