

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 81

0365
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1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>BEOUF</u>	
c. LENGTH OF STAY (In this place) <u>5 WKS.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUISA</u>	b. (Middle)	c. (Last) <u>FETTER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>21</u> <u>1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>NOV. 30, 1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>21</u>	Hours <u>0</u>	Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>WARREN COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>FRITZ LEFMAN</u>	13b. MOTHER'S MAIDEN NAME <u>CHARLOTTE ALTHAGE</u>	14. NAME OF HUSBAND OR WIFE <u>FREDRICK FETTER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NO.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>OSCAR FETTER, NEW HAVEN, MISSOURI</u>	ADDRESS <u>MISSOURI</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured right hip</u>		c. <u>un37</u> 4. <u>46</u>
	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. <u>Arterio-sclerosis, generalized Myocarditis</u>		10 yrs. 2 yrs.	

19a. DATE OF OPERATION <u>5/7/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of right femur at base of neck</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>suicide</u> HOMICIDE <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Nursing home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stanton Franklin Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-22-51</u> <u>3a</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/29, 1951, to 5/21, 1951, that I last saw the deceased alive on 5/21, 1951, and that death occurred at 4:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. P. Eisenmann M.A.</u>	23b. ADDRESS <u>New Haven, Mo.</u>	23c. DATE SIGNED <u>5/22/51.</u>
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24a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/24/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boeuf Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Haven, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 23, 1951</u>	REGISTRAR'S SIGNATURE <u>J. P. Hedman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyle G. ...</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 26 1951
RECEIVED

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 me

working under my personal supervision.

Student Embalmer No.

Signed Carl O. Tuttle

Signed.....
Student Embalmer

Licensed Embalmer No. 3385

P. O. Address New Haven, Conn.

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.