

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9261

State File No.

FILED MAR 31 1952

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 82

0742

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>		
b. CITY OR TOWN <u>Marionville</u>		c. LENGTH OF STAY (if this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson Township</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Blackton, Iowa</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Rural Blackton, Iowa</u>		
3. NAME OF DECEASED (Type or Print) <u>ELVA IMOBENE FIDLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 8-1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 21-1897</u>		9. AGE (In years last birthday) <u>55</u> Months <u>1</u> Days <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Elmer Sichel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sloan</u>		14. NAME OF HUSBAND OR WIFE <u>D. D. Fidler</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D. D. Fidler</u> ADDRESS <u>Blackton, Ia</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
			ANTECEDENT CAUSES		DUE TO (b) <u>Hypertensive Cardiovascular Disease 18 years</u>
			Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Paralysis of Rt arm & leg due to Cerebral Hemorrhage</u>
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? 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, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>1950</u> , to <u>March</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>March, 1952</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Frank B. Peterson MD</u> (Degree or title)			23b. ADDRESS <u>Grant City, Mo</u>		23c. DATE SIGNED <u>3-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Athelston Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Athelston Iowa</u>	
DATE REC'D BY LOCAL REG. <u>3-29-52</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>	229	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Wetmore</u> ADDRESS <u>Bedford Ia</u>	

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~~ _____

Frank Wetmore Jr

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Frank Wetmore Jr*

Licensed Embalmer No. *4517*

P. O. Address *Bedford Iowa*

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.