

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16074**

No. 300  
10-48

FILED JUN 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 513

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield, Baptist Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>1323 E. Atlantic</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARLEY</b> b. (Middle) <b>JEFFERSON</b> c. (Last) <b>ETTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 23, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 25, 1885</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Grocer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Grocer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Harmon Etter</b>		13b. MOTHER'S MAIDEN NAME <b>Farris</b>		14. NAME OF HUSBAND OR WIFE <b>Eula May Etter</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none, unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE AND ADDRESS <b>Mrs. Eula May Etter Spfld. Mo.</b>	

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, asphyxia, 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) <b>Cerebral Hemorrhage</b>			DUE TO (b) <b>Generalized Arteriosclerosis</b>			<b>5 days</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) <b>Hypertensive Cardiovascular Dis</b>			<b>2 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<b>2 yrs</b>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443x</b>		20. AUTOPSY? YES <input checked="" 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 May 17, 1952, to May 23, 1952, that I last saw the deceased alive on May 23, 1952, and that death occurred at 5:00p m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm. D. Callaway, Jr.</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Springfield, Missouri</b>		23c. DATE SIGNED <b>May 26, 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-26-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>5-26-52</b>		REGISTRAR'S SIGNATURE <b>James A. Amor, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>J.W. Klingner &amp; Co. Spfld. Mo.</b>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

30

**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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

**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.