

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16160

State File No.

No. 300

10-48

FILED MAY 21 1952

REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPICKARD 0400	
d. FULL NAME OF HOSPITAL OR INSTITUTION FERGUSON NURSING HOME		d. STREET ADDRESS (If rural, give location) J	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) HENRY c. (Last) ETHERTON		4. DATE OF DEATH (Month) (Day) (Year) APRIL-21-1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT-21-1868
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (State or foreign country) MO.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIS ETHERTON		13b. MOTHER'S MAIDEN NAME ELIZABETH THOMAS MARTIN	14. NAME OF HUSBAND OR WIFE KIZZIAH ETHERTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME CLIFFORD ETHERTON ADDRESS 3018 YORK ST KANSAS CITY MO.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	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) m.	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 Apr 20, 1952 to Apr 21, 1952 , that I last saw the deceased alive on Apr 20, 1952 and that death occurred at 6:50 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE E. A. Duffy M.D. (Degree or title)		23b. ADDRESS Spickard Mo.	23c. DATE SIGNED Apr 23-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL-23-1952	24c. NAME OF CEMETERY OR CREMATORY FOX CEM.	24d. LOCATION (City, town, or county) (State) GRUNDY CO. MO.
DATE REC'D BY LOCAL REG. 4/23/52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS SCHOOLER FUNERAL HOME SPICKARD MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Ross Wise.....

Licensed Embalmer No. 3771.....

P. O. Address Spickard 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.