S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27342

State File No.

FILED SEP 15 1952

BIRTH NO. REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Breckenridge
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Breckenridge, Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Breckenridge, Mo 0133
d. STREET ADDRESS (If rural, give location): Breckenridge, Mo 0

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Luther
c. (Last): Futenreeth

4. DATE OF DEATH (Month) (Day) (Year): 9 - 7 - 52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-19-1870
9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bluffton, Mo
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: Chas. Futenreeth
13b. MOTHER'S MAIDEN NAME: Nancy Wright
14. NAME OF HUSBAND OR WIFE: Grace Roe Futenreeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Bill Fair ADDRESS: Breckenridge Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture neck left femur — INTERVAL BETWEEN ONSET AND DEATH: 10 mo

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1951, *to* Sept 7, 1952, *that I last saw the deceased alive on* 9-7-, 1952, *and that death occurred at* 1-30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J W Webb (Degree or Title) M.D.
23b. ADDRESS: Breckenridge Mo
23c. DATE SIGNED: 9-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-8-52
24c. NAME OF CEMETERY OR CREMATORY: Grace Hill
24d. LOCATION (City, town, or county) (State): Breckenridge Mo

DATE REC'D BY LOCAL REG.: 9-10-52
REGISTRAR'S SIGNATURE: Mrs. Nell B. Jones
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25. FUNERAL DIRECTOR'S SIGNATURE: Trammell Funeral Home
ADDRESS: Breckenridge Mo

(Licensed Embalmer's Statement on Reverse Side)

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 ERWIN L. TROWITCH Student Embalmer No. 443 working under my personal supervision.

Student Erwin L. Trowitch
Student Embalmer

Signed George R. Tannell

Licensed Embalmer No. 4425

P. O. Address Box 98 - Buckhannon

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.