

FILED JAN 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Newland 4577  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 1

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>VERNON</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>BATES</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEVADA</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FASTER</b> 0070  |  |
| c. LENGTH OF STAY (In this place) <b>2 yrs</b>   |  | d. STREET ADDRESS (If rural, give location) <b>/</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SUNDERWORTH CONV. HOME</b>                      |  |  |  |

|  |  |  |                                     |   |  |
|--|--|--|-------------------------------------|---|--|
| 3. NAME OF DECEASED<br>a. (First) <b>CARRIE M.</b> b. (Middle) <b>NETZLER</b> c. (Last) <b>NETZLER</b>       |  |  | 4. DATE OF DEATH <b>JAN-13-1953</b> |   |  |
| 5. SEX <b>FEMALE</b>   |  | 6. COLOR OR RACE <b>WHITE</b>                            |                                     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>       |  |
| 8. DATE OF BIRTH <b>MAY-5-1869</b>   |  | 9. AGE (In years last birthday) <b>83</b>                |                                     | 10. MONTHS <b>8</b> DAYS <b>8</b> HOURS <b>8</b> MIN.                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>        |                                     | 11. BIRTHPLACE (City and State or Foreign Country) <b>SCHAMOLS MISSOURI</b> |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |  | 13a. FATHER'S NAME <b>UNKNOWN</b>                        |                                     |   |  |
| 13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>ALBERT NETZLER (dec.)</b> |                                     |   |  |

|  |  |                                     |  |  |  |
|--|--|-------------------------------------|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <b>NONE</b> |  | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Sylvia Platter</b> ADDRESS <b>336 W 36th St Kansas City Mo</b> |  |
|--|--|-------------------------------------|--|--|--|

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary tuberculosis</b> |  | INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b> |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  | DUE TO (b) _____   |  | DUE TO (c) <b>002X</b>                          |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Anorexia, malnutrition</b>   |  |  |  |   |  |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION                             |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b> |  | 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 **6-10**, 1950, to **January 12**, 1953, that I last saw the deceased alive on **January 12, 1953**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 23a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M.D.</b>          |  | 23b. ADDRESS <b>[Address]</b>                   |  | 23c. DATE SIGNED <b>1-15-1953</b>                        |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>                  |  | 24b. DATE <b>JAN-15-1953</b>                    |  | 24c. NAME OF CEMETERY OR CREMATORY <b>SALEM CEMETERY</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>FASTER, MISSOURI</b>    |  | DATE REC'D BY LOCAL REG. <b>1-15-1953</b>       |  | REGISTRAR'S SIGNATURE <b>[Signature]</b>                 |  |
| FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>[Address]</b> |  | (Licensed Embalmer's Statement on Reverse Side) |  |  |  |

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

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JAN 23 1955

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

*John G. Underwood*

Licensed Embalmer No. *3585*

P. O. Address

*Butler 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.