

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26 of April 1997
State File No. 1997

No. 300
10.48

FILED MAR 2 - 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 62

20

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Route 2, Beaver</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Beaverdam Township</u>	
c. LENGTH OF STAY (In this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DONNOY</u> b. (Middle) _____ c. (Last) <u>FETTERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 26, 1871</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR (Month) (Day) <u>9</u> <u>18</u> IF UNDER 24 HRS. (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Andrew Fetterman</u>		13b. MOTHER'S MAIDEN NAME <u>Harriet Evans</u>		14. NAME OF HUSBAND OR WIFE <u>Oma Fetterman</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>Oma Fetterman</u> ADDRESS <u>Rt. 2 Poplar Bluff Mo.</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Jan 53</u> <u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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 <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) <u>444 X</u>	
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 Nov. 18, 19 52, to Jan. 5, 19 53, that I last saw the deceased alive on Jan. 5, 19 53, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>1124 N. Main, Poplar Bluff</u>	23c. DATE SIGNED <u>2-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-16-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kerna Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Butler County, Mo.</u>

DATE REC'D BY LOCAL REG. <u>Feb. 17, 1953</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	428-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Black's Mortuary, Corning, Ark.</u> ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
FEB 27 1953

BUTLER CO. HEALTH CENTER
FILE No. 253-105

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.

Signed.....

Roman J. Seligso

Signed.....
Student Embalmer

Licensed Embalmer No.

562

P. O. Address.....

Corning, Ark

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.