

STANDARD CERTIFICATE OF DEATH

17469

State File No.

FILED MAY 16 1953

BIRTH NO.

REG. DIST. NO. 77

PRIMARY REG. DIST. NO. 3016

Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 1 Month	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		0264
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital			d. STREET ADDRESS (If rural, give location) 403 Vettters Lane		
3. NAME OF DECEASED (Type or Print) a. (First) Helen		b. (Middle) Angelia	c. (Last) Vetter	4. DATE OF DEATH (Month) (Day) (Year) May 8, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1873	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 4 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Florissant, Mo		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Bernard Abel		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Andrew Vetter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Andrew Vetter		ADDRESS J. C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of the Gall Bladder ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General DUE TO (c) Metastases II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION April 25 53	19b. MAJOR FINDINGS OF OPERATION (see above)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		155X
20a. 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 April 22, 1953 to May 8, 1953, that I last saw the deceased alive on May 7, 1953, and that death occurred at 5:30 AM, from the causes and on the date stated above.					
23a. SIGNATURE R. P. Harris M.D. (Degree or title)			23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 5/11/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 11, 1953	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
DATE REC'D BY LOCAL REG. May 11-53	REGISTRAR'S SIGNATURE R. P. Harris M.D. - MR	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle		ADDRESS J. C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

Sylvester Dulle

Licensed Embalmer No. *4321*

P. O. Address.....

Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.