

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38345**

FILED DEC 7 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1235**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>10 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1602 N. 10th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>August J.</b> b. (Middle) <b>Stetter</b> c. (Last) <b>Stetter</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 28, 1953</b>		
--	--	--	---	--	--

5. SEX <input type="radio"/> male <input type="radio"/> female	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>November 1, 1873</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
--	-------------------------------	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. printer foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mail order store</b>	11. BIRTHPLACE (State or foreign country) <b>Chicago, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	--	---	--

13a. FATHER'S NAME <b>Charles Stetter</b>	13b. MOTHER'S MAIDEN NAME <b>Augusta Knuth</b>	14. NAME OF HUSBAND OR WIFE <b>Julia</b>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>337-07-4778</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. W.J. Stetter</b>	ADDRESS <b>703 McDonald, St. Joseph, Mo.</b>
---	---	--	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial insufficiency</b>		
	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 <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) <b>St. Joseph, Buchanan, Missouri</b>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 23, 1953**, to **Nov 24, 1953**, that I last saw the deceased alive on **Nov 23, 1953** and that death occurred at **9:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert P. Brantley, M.D.</b>	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>11-28-53</b>
---	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/2/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>Dec. 1, 1953</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hector Bacon</b>	ADDRESS <b>Bacon Funeral Home</b>
---	---	---	--------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

30

---

**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 James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 So 10<sup>th</sup> St. Jax

**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.