

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9032

BIRTH NO. FILED MAR 17 1954		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (In this place) 56 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence 7005			
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium				d. STREET ADDRESS (If rural, give location) 819 W. Lexington			
3. NAME OF DECEASED (Type or Print) Rowena		a. (First)		b. (Middle) Cecil		c. (Last) Ettinger	
4. DATE OF DEATH Mar. 6, 1954		4. DATE (Month) (Day) (Year)					
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Mar. 28, 1897	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Nesbitt		13b. MOTHER'S MAIDEN NAME Jesse Hamby		14. NAME OF HUSBAND OR WIFE Wm. J. Ettinger (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496 10 1769		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. Ettinger, Wichita, Kansas.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurysm of Aorta				INTERVAL BETWEEN ONSET AND DEATH Sudden	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. Congestive Heart Failure				Sudden	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 451 X				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)			
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 3/4 1954, to 3/6 1954, that I last saw the deceased alive on 3/6 1954, and that death occurred at 2:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Shad Grubski, M.D.				23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 3/8/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/9/54		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Mo.	
DATE REC'D BY LOCAL REG. 3-9-54		REGISTRAR'S SIGNATURE Geo. B. Carson		25. FUNERAL DIRECTOR'S SIGNATURE Geo. B. Carson		ADDRESS Independence, 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Richard L. Rogers*

Licensed Embalmer No. 4053

P. O. Address Andes, 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.