

FILED APR 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 12445

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>46</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>			c. LENGTH OF STAY (in this place) <u>57 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBB CITY</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1023 WEST DAUGHERTY</u>				d. STREET ADDRESS (If rural, give location) <u>1023 WEST DAUGHERTY</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>ETTER</u>			
4. DATE OF DEATH		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>			
8. DATE OF BIRTH <u>SEPTEMBER 27, 1869</u>		9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED BAKERY OPERATOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>BAKERY</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>JOHN PPA ETTER</u>			13b. MOTHER'S MAIDEN NAME <u>CATHERINE LOUCKE</u>			14. NAME OF HUSBAND OR WIFE <u>FANNIE ETTER (DECEASED)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>never</u>			16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>PHELPS ETTER</u>			ADDRESS <u>RT # 1 CARL JUNCTION, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory failure</u>				PRECEDENT CAUSES				<u>1 day</u>	
MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Coronary thrombosis with myocardial infarction</u>				<u>2 days</u>	
				DUE TO (c) <u>Arteriosclerosis</u>				<u>2 years</u>	
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 <u>4201</u>						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) (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 <u>3-31</u> , 19 <u>54</u> , to <u>4-11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4-11</u> , 19 <u>54</u> , and that death occurred at <u>11:20</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title)				23b. ADDRESS <u>Webb City, Mo</u>			23c. DATE SIGNED <u>4/14/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>APRIL 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WEBB CITY, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>4-13-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE LEWIS</u>		ADDRESS <u>FUNERAL HOME WEBB CITY, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACKINK—MAKE PERMANENT RECORD

+92

209

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RECEIVED APR 19 1954
Jasper County Health Office
County File Number 54-4-30
Date Filed APR 19 1954

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 Gray Lewis

Licensed Embalmer No. 24405

P. O. Address Webb City, 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.