

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33448

State File No.

FILED OCT 19 1954

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5359 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>Daviess</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Grand River Twp.</u>		c. CITY OR TOWN <u>Gallatin</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>9</u>
c. LENGTH OF STAY (in this place) <u>Few Min.</u>		e. STREET ADDRESS (If rural, give location) <u>---</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 Miles N.E. Jameson, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Oscar</u>	c. (Last) <u>Netherton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7 1954</u>
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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>July 10 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Doctor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Veterinarian</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Thomas Netherton</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Everly</u>	14. NAME OF HUSBAND OR WIFE <u>Olive Netherton (Dec'd)</u>
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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>Dr. Fred Netherton, Cameron, Missouri</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Few Min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		_____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</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"/>
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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>4201</u>
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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? _____
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22. I hereby certify that I attended the deceased from about, 1954, to about, 1954, that I last saw the deceased on his death, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L.O. Rickesson, Dist. Coroner</u>	(Deputy or Title)	23b. ADDRESS <u>Gallatin, Mo.</u>	23c. DATE SIGNED <u>10/8/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-10-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Gallatin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-9-54</u>	REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>	81-0	25. FUNERAL STREATOR'S SIGNATURE <u>L.O. Rickesson</u>	ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0310
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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.....
Signature of Student Embalmer

Signed *L. O. Pichessau*.....

Licensed Embalmer No. *33*.....

P. O. Address *Fallatu*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.