

FILED JUL 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19798

State File No.

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6064 Registrar's No. 27

0930
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Colorado</u> b. COUNTY <u>Jacison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Osceola</u>		c. CITY OR TOWN <u>Walden</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway # 13, 2 M-North Osceola</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u>		b. (Middle) <u>H.</u>	
		c. (Last) <u>Getchell</u>	

4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1955</u>								
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 23, 1924</u>	9. AGE (In years last birthday) <u>31</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>John Cutshall</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Ferrell</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Getchell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	(If yes, give war or dates of service) <u>WW# 2</u>	16. SOCIAL SECURITY NO. <u>556-34-9106</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Getchell</u>	ADDRESS <u>Burlington Junction Mo.</u>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carbon Monoxide</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 <u>E9731</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 13</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osceola Township St. Clair Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-16-55 1 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Innertube Attached to Exhaust of engine and run into car</u>
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22. I hereby certify that I attended the deceased from 19, 19, and that death occurred at 10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frederick B. Headrick Coroner</u>	23b. ADDRESS <u>Osceola Missouri</u>	23c. DATE SIGNED <u>6/18/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-21-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fort Scott Kansas</u>
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DATE REC'D BY LOCAL REG. <u>7-1-55</u>	REGISTRAR'S SIGNATURE <u>Paul B. Seewer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederick B. Headrick</u>	ADDRESS <u>Osceola Missouri</u>
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JUL 14 1958

AUG 19 1958

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 *Paul Diestera*

Licensed Embalmer No. *399*

P. O. Address *Acacia*

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.