

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35794

State File No. _____

FILED OCT 31 1955

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARSHFIELD</u>	c. LENGTH OF STAY (in this place) <u>SOYRS</u>	c. CITY OR TOWN <u>MARSHFIELD</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>1120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u>	b. (Middle)	c. (Last) <u>PRETTI</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 20 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 31 1886</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 MOS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>MICHIGAN</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>EMANUEL FEHN</u>	13b. MOTHER'S MAIDEN NAME <u>MELANIA BERTAGNOLI</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM FEHN</u>	ADDRESS <u>MARSHFIELD</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Marasmus, shock, Dehydration</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastatic cancer of liver, abdomen, & lung</u> DUE TO (c) <u>adenocarcinoma of Pancreas</u>		<u>3-4 months</u> <u>10 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>			

19a. DATE OF OPERATION <u>10 Sept 55</u>	19b. MAJOR FINDINGS OF OPERATION <u>metastatic adenocarcinoma</u>	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)
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 Oct 7, 1954, to Oct 20, 1955, that I last saw the deceased alive on Oct. 20, 1955, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. M. Macdonnell MD</u>	23b. ADDRESS <u>Marshfield, Mo.</u>	23c. DATE SIGNED <u>Oct 21, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-22-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>	24d. LOCATION (City, town, or county) (State) <u>MARSHFIELD MO</u>
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DATE REC'D BY LOCAL REG. <u>10-24-55</u>	REGISTRAR'S SIGNATURE <u>J. Francis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. W. BARBER</u>	ADDRESS <u>MARSHFIELD MO</u>
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(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.....
Signature of Student Embalmer

Signed..... *George Staff*

Licensed Embalmer No. *31*

P. O. Address..... *M. T. J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.