

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24317

FILED JUL 31 1956

5648 - State File No.

BIRTH NO. _____		REG. DIST. NO. <u>5648</u>		PRIMARY REG. DIST. NO. <u>145</u>		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>					
b. CITY OR TOWN <u>Aurora, Rt. # 2</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Aurora</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile east of Aurora</u>				e. STREET ADDRESS (If rural, give location) <u>1 mile east of Aurora</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u>			b. (Middle) <u>Belle</u>		c. (Last) <u>Fetty</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1956</u>		
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>February 28, 1880</u>		9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR Months	# UNDER 1 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of year, if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?			
<u>Housewife</u>		<u>Self</u>		<u>Ness County, Kansas</u>		<u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jeffrey Marshall</u>			13b. MOTHER'S MAIDEN NAME <u>Albertine Swink</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)		16. SOCIAL SECURITY NO. (If yes, give year or date of service)		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			
<u>no</u>		<u>none</u>		<u>Mrs. John Cooley, Aurora, Mo. Rt. # 2</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>					<u>2 years</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, 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. <u>1</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"/>		
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) m.		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>9-15, 1954</u> , to <u>7-26, 1956</u> , that I last saw the deceased alive on <u>7-26, 1956</u> , and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>V. Robinson DO</u>				23b. ADDRESS <u>Merionville, Mo</u>		23c. DATE SIGNED <u>7-27-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/29/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Aurora, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>7-27-56</u>		REGISTRAR'S SIGNATURE <u>Oran Mc Natt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oran L. Nash</u>		ADDRESS <u>Aurora, Mo.</u>			

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

157

JUL 3 - 1956

**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 *[Signature]*, Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. 3812.....

P. O. Address *[Address]*.....

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.