

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 535

BIRTH NO. 67340-56 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 92

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u>		c. CITY OR TOWN <u>Pointon R.</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>St. Francis Hosp.</u>				STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u> b. (Middle) <u>Joe Lynn</u> c. (Last) <u>Vetter</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>		8. DATE OF BIRTH <u>Sept 11, 1956</u>	
9. AGE (In years last birthday) <u>4</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chaffee, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Herman Vetter</u>		13b. MOTHER'S MAIDEN NAME <u>Neva Friedrich</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Herman Vetter, Pointon, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SHOCK - circulatory collapse</u>		2. ANTECEDENT CAUSES <u>Bronchitis & URI</u>				<u>few hours</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>-</u>				<u>4-5 days</u>	
		DUE TO (c) <u>-</u>					
		11. OTHER SIGNIFICANT CONDITIONS <u>501X</u>					
19a. DATE OF OPERATION <u>-</u>		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy - findings of shock, bronchitis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>-</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>-</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>-</u>			
22. I hereby certify that I attended the deceased from <u>11 Jan, 1957</u> , to <u>11 Jan, 1957</u> , that I last saw the deceased alive on <u>11 Jan, 1957</u> , and that death occurred at <u>1:22 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James A. Kinder, M.D.</u>				23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>14 Jan '57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-12-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph</u>		24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-15-57</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>W. H. Morgan, Advance, Mo.</u>			

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

Wm. H. Morgan

Licensed Embalmer No. *4640*

P. O. Address *Advance, N*

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.