

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5556**

BIRTH NO. _____ REG. DIST. NO. **212** PRIMARY REG. DIST. NO. **5779** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY MILLER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MILLER	
b. CITY (If outside corporate limits, write RURAL and give township) ELDON	c. LENGTH OF STAY (in this place) 4 mo.	c. CITY OR TOWN OLEAN	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 El Rancho Nursing Home		e. STREET ADDRESS (If rural, give location) RT. 1.	

3. NAME OF DECEASED (Type or Print) a. (First) ORVILLE	b. (Middle) EURENE	c. (Last) ETTER	4. DATE OF DEATH (Month) (Day) (Year) JAN. 28 1957
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5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH July 22, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) MILLER CO., MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMMEL W. ETTER	13b. MOTHER'S MAIDEN NAME IDA JANE WOODARD	14. NAME OF HUSBAND OR WIFE BERTHA T. ETTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. J. A. TAYLOR	ADDRESS ELDON, MO.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the colon metastatic		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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) ELDON (MILLER) MO.
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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?
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22. I hereby certify that I attended the deceased from **Oct 19 56** to **Jan 28 1957**, that I last saw the deceased alive on **Jan 27 1957**, and that death occurred at **1 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Scott E. Murrell, MD	(Degree or title) MD	23b. ADDRESS ELDON, MO	23c. DATE SIGNED 1/30/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 30, 1957	24c. NAME OF CEMETERY OR CREMATORY MT. PLEASANT	24d. LOCATION (City, town, or county) (State) ELDON MO.
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DATE REC'D BY LOCAL REG. Jan. 30 '57	REGISTRAR'S SIGNATURE Adelvereta Walt	25. FUNERAL DIRECTOR'S SIGNATURE Louis D. Phillips	ADDRESS ELDON
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(Licensed Embalmer's Statement on Reverse Side)

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

192

RECEIVED

FEB 12 '57

Miller County
Health Department

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 *Louis W. Phillips*

Licensed Embalmer No. *366*

P. O. 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.