

FILED APR 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13691**

BIRTH NO. _____		REG. DIST. NO. 162		PRIMARY REG. DIST. NO. 5594		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give town or township) RURAL-MERAMEC		c. LENGTH OF STAY (in this place) 1 YR 2 MO		c. CITY OR TOWN FESTUS		d. Is 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 St. Joseph's Hill Infirmary				e. STREET ADDRESS (If rural, give location) UNKNOWN			
3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) J c. (Last) GETTINGER			4. DATE OF DEATH (Month) (Day) (Year) MARCH 28 1957				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 1882		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED INSURANCE SALESMAN			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Genevieve Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME GEORGE GETTINGER			13b. MOTHER'S MAIDEN NAME MARY VALLE		14. NAME OF HUSBAND OR WIFE ELIZABETH KERN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bro. Roch. St. Joseph's Hill EUREKA		
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION MEDICAL CERTIFICATION 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) GENERALIZED ARTERIO-SCLEROTIC DUE TO (c) CARDIO-VASCULAR DISEASE					
		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? 2 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) (Min.)	
				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 1/7/1956 , to 3/28/1957 , that I last saw the deceased alive on 3/28/1957 , and that death occurred at 1:45 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Robert G. Dausent				23b. ADDRESS 4323 Roland Blvd. Berkeley 21		23c. DATE SIGNED 3/28/57	
24a. FUNERAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/1/57	24c. NAME OF CEMETERY OR CREMATORY Calvary cemetery		24d. LOCATION (City, town, or county) (State) Ste. Genevieve Mo		
DATE REC'D BY LOCAL REG. 3/29/57		REGISTRAR'S SIGNATURE Robert G. Dausent		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vinyard Funeral Home, Inc. Festus Mo.			

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 10 1957

APR 18 1957

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.....
H. H. Raymond

Licensed Embalmer No. 3010

P. O. Address.....
Festas

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.