Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027348
STATE FILE NUMBER

FILED SEP 9 1957

Registration District No. 1 Primary Registration District No. 32010 Registrar's No. 305

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KIRKSVILLE — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: COMMUNITY NURSING HOME #1 — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scotland
c. CITY OR TOWN: Rutledge — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: LILLY Middle: MAE Last: FETTERS

4. DATE OF DEATH: Month Sept. Day 1 Year 1957

5. SEX: FEMALE **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Oct. 18, 1872 **9. AGE** (In years last birthday): 84 — 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): Housewife **10b. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (City and state or country): Knox Co., Missouri **12. CITIZEN OF WHAT COUNTRY?**: USA

13. FATHER'S NAME: Alvis Elder **14. MOTHER'S MAIDEN NAME**: Susan Stark

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**

17. INFORMANT Address: Mrs George Hayward Rutledge, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Cardio-vascular Disease — years
DUE TO (c): Arteriosclerosis — years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).
Heart-block - Auricular Fibrillation - 443X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from Aug 25-1957 to Sept 1st 1957 and last saw her alive on Sept 1st 57. Death occurred at 11.22 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D.O. **22b. ADDRESS**: 800 W. Jefferson, Kirksville **22c. DATE SIGNED**: 9/1/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Sept. 3, 1957 **23c. NAME OF CEMETERY OR CREMATORY**: Pauline Cemetery **23d. LOCATION** (City, town, or county) (State): Rutledge, Missouri

24. FUNERAL DIRECTOR: Davis & Davis **ADDRESS**: Kirksville **25. DATE REC'D BY LOCAL REG.**: Sept. 9, 1957 **26. REGISTRAR'S SIGNATURE**: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

35

WRITE PLAINI

alive on _____

23a. SIGNATURE

24a. BURIAL, CREMATION, REMOVAL (Specify)

DATE REC'D BY LOCAL REG. 1-23-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me; or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 42

P. O. Address Kirksv

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