

Dept. Health,
S. Public
Health Service
V. S. 300
ev. 1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45387
STATE FILE NUMBER

FILED DEC 31 1957

Registration District No. 292 Primary Registration District No. 6001 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY RALLS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RALLS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALINE TOWNSHIP		c. CITY OR TOWN MONROE CITY, MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MONROE CITY, ROUTE 2		d. STREET ADDRESS ROUTE 2	
Length of stay in lb 50 Yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DONNIE Middle FRANK Last ETTNER			4. DATE OF DEATH Month DEC Day 17 Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEBY 2, 1876	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 10 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) MACON, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME FRANK ETTNER	13b. MOTHER'S MAIDEN NAME RACHEL FISHER	14. NAME OF HUSBAND OR WIFE BERTHA LONG ETTNER
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT Mrs Bertha L. Ettner Monroe City, Mo Address _____
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____
21. I attended the deceased from <u>no medical attention</u> and last saw her alive on _____ Death occurred at <u>2.10 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Clyde C. Wisbey (Degree or title) 3	22b. ADDRESS Perry, Mo (Ralls Co.)	22c. DATE SIGNED 12/17/57
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23a. BURIAL CREMATION, RITES (Specify) BURIAL	23b. DATE 12-19-57	23c. NAME OF CEMETERY OR CREMATORY St JUDES CEMETERY	23d. LOCATION (City, town, or county) MONROE CITY, MO (State) _____
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24. FUNERAL DIRECTOR Wilson & Sons ADDRESS Monroe City, Mo	25. DATE RECD. BY LOCAL REG. 12/19/57	26. REGISTRAR'S SIGNATURE Clyde C. Wisbey
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

267
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NOV 27 1964

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 *Lelia L. Wilson*

Licensed Embalmer No. *3014*
P. O. Address *Mouse City*

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.