

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014647  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 182

300  
1-570

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>T. JOHN'S HOSP.</b>		Length of stay in lb	d. STREET ADDRESS <b>2413 MANITOU AVE.</b>
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED  
(Type or print) First **HENRY** Middle **OLIN** Last **FETTERS**

4. DATE OF DEATH **APRIL 8, 1958**  
Month **APRIL** Day **8** Year **1958**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED  NEVER MARRIED   
WIDOWED  DIVORCED  8. DATE OF BIRTH **OCT. 28, 1892**

9. AGE (In years last birthday) **65** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **WAREHOUSE FOREMAN**

10b. KIND OF BUSINESS OR INDUSTRY **MO. PAC. R.R.**

11. BIRTHPLACE (City and state or country) **NEWTONIA, MO.**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **WM. FETTERS** 13b. MOTHER'S MAIDEN NAME **ADDIE POGUE** 14. NAME OF HUSBAND OR WIFE **ELVA R. FETTERS**

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. **UNK** 17. INFORMANT **MRS. ELVA R. FETTERS** Address **2413 MANITOU AVE**

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

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **Septicemia Pathology - therapy withdrawal**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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) **Chronic renal insufficiency**

19. WAS AUTOPSY PERFORMED? YES  NO  2 **355X**

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  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 **3/6/58** to **4/8/58** and last saw <sup>her</sup> alive on **4/8/58**  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **2125 Jackson, Joplin, Mo.** 22c. DATE SIGNED **4/10/58**

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **4-10-58** 23c. NAME OF CEMETERY OR CREMATORY **OZARK MEMORIAL PARK,** 23d. LOCATION (City, town, or county) (State) **JOPLIN, MISSOURI**

24. FUNERAL DIRECTOR ADDRESS **STEVE PARKER MORTUARY, JOPLIN, MO.** 25. DATE RECD. BY LOCAL REG. **4-19-58** 26. REGISTRAR'S SIGNATURE **Dove Merriam**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 30 1958

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 *F. M. Jones* .....

Licensed Embalmer No. 2319 .....

P. O. Address *Joplin Mo* .....

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.