

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032906

FILED VS OCT 2 1959

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 74

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HIPPINSVILLE</u>		Length of stay in 1b	c. CITY OR TOWN <u>HIPPINSVILLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>FAIRGROUND AVE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>SELMA</u> Middle <u>FETTER</u> Last			4. DATE OF DEATH Month <u>SEPT</u> Day <u>14</u> Year <u>1959</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 14 1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>CONCORDIA MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>ARNOLD SCHWARTZENBACH</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA SEMID</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM FETTER</u>	
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 <u>MRS ANNA STOLL Hippinsville MO</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>16 HRS</u>
IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arterio Sclerosis</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 Feb 5, 1950 to Sept 14, 1959 and last saw her <sup>her</sup> <sub>him</sub> alive on Sept 13, 1959  
Death occurred at 1:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Edwin A. Ploow, D.O.</u>		22b. ADDRESS <u>1815 Main Hippinsville Mo</u>		22c. DATE SIGNED <u>9/23/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>SEPT 15 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BRAND CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>HIPPINSVILLE MISSOURI</u>
24. FUNERAL DIRECTOR <u>WIEGERS-RIERHOE Hippinsville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-25-1959</u>		26. REGISTRAR'S SIGNATURE <u>Lucie Gordon Jordan</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 9 1956

MS  
NOV 14 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Roy W. Siegers

Licensed Embalmer No. 7883

P. O. Address Higginsville

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.