

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039649

FILED VS DEC 14 1959/28

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1316

UNINDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Greene	a. STATE Missouri	b. COUNTY Webster	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield	Length of stay in 1b 4 hours	c. CITY OR TOWN Marshfield	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 245 N. Fulton St.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First ELIZABETH	Middle FETTERHOFF	Last	Month December	Day 4	Year 1959
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 19, 1916	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days 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 Own Home	11. BIRTHPLACE (City and state or country) Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Walter Ban Dyke	13b. MOTHER'S MAIDEN NAME Pearl Vanderlock	14. NAME OF HUSBAND OR WIFE John Fetterhoff
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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. 355-14-4937	17. INFORMANT Address Mrs Richard Bell, Dalton, Illinois
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Probable Pulmonary Infection	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Pneumonia	1 month
	DUE TO (c) Heart Disease Unknown Etiology with Congestive Failure	?

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 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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
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21. I attended the deceased from **12-4-59** to **12-4-59** and last saw ^{her} _{him} live on **12-4-59**
Death occurred at **3:00 p m** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lucile R. Cameron M.D.	22b. ADDRESS 404 Prof. Bldg. Springfield, Mo	22c. DATE SIGNED 12-7-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec 6, 1959	23c. NAME OF CEMETERY OR CREMATORY Unknown	23d. LOCATION (City, town, or county) Chicago, Illinois	(State)
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24. FUNERAL DIRECTOR Jewell E. Windle	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 12-9-59	26. REGISTRAR'S SIGNATURE Effie E. Melton
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 14 1959

MAR 23 1960

FEB 15 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 me or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

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.