

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019385

FILED VS. MAY 24 1960

2539

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Length of stay in 1b <i>3 weeks</i>	c. CITY OR TOWN <i>Raytown</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hospital</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>11800 E 83 Street</i>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Sherman</i> Middle <i>—</i> Last <i>Fetter</i>			4. DATE OF DEATH Month <i>May</i> Day <i>6</i> Year <i>1960</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-28-1865</i>	9. AGE (last birthday) <i>94</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>8</i>	IF UNDER 24 HR Hours <i>—</i> Min. <i>—</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Gen'l Farming</i>	11. BIRTHPLACE (City and state of country) <i>Lancaster Ohio</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Cmanuel Fetter</i>	13b. MOTHER'S MAIDEN NAME <i>Issora Fetter</i>	13c. NAME OF HUSBAND OR WIFE <i>Martha Fetter</i>
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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) <i>No.</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Mrs Morris Stout 9355 E 64 St. Raytown Mo.</i>
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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) <i>Cordis Arrest</i>		<i>5 min</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Arterio-sclerotic Heart disease</i>	<i>10 yrs</i>
	DUE TO (c)	

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 checked="" type="checkbox"/> NO <input 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 <i>—</i> Month, Day, Year <i>—</i>	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 <i>June 1959</i> to <i>May 1960</i> and last saw him alive on <i>5-6-60</i> Death occurred at <i>6:30 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Wm. Y. Eubank MD</i>	(Degree or title)	22b. ADDRESS <i>9406 E. 63rd Raytown, Mo.</i>	22c. DATE SIGNED <i>5-7-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>May 9, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Independence, Missouri</i>
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24. FUNERAL DIRECTOR <i>Ed Clark Regent Raytown, Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>5-8-60</i>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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BY AFFIDAVIT OF Wm. Y. Eubank MEDICAL CERTIFICATION DOCUMENT

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

A. Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.