MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

61-010749
STATE FILE NUMBER

FILED MAR 23 1961

Registrar's District No. 318 Primary Registration District No. 1003 Registrar's No. 2382

AMENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in Ib: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill. b. COUNTY: Clinton
c. CITY OR TOWN: Carlyle — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1711 Mullikin Street — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HENRY Middle JOSEPH Last ETTER
4. DATE OF DEATH: Month March Day 9 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-6-1899
9. AGE (last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (City and state or country): Carlyle, Ill.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Menard Etter
13b. MOTHER'S MAIDEN NAME: Olive HOLDENER
14. NAME OF HUSBAND OR WIFE: Leona Kueper Etter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — — —
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Leona Etter — Address: Carlyle, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 6 years
DUE TO (c): 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT No — SUICIDE No — HOMICIDE No
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. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 3-7-61, to 3-9-61 and last saw ~~her~~ him alive on 3-9-61
Death occurred at 1:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John J Hammond (Degree or title) M. D.
22b. ADDRESS: 634 North Grand Avenue
22c. DATE SIGNED: 3/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 3-10-61
23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State): Carlyle, Illinois
24. FUNERAL DIRECTOR: JOHN J KASSLY — ADDRESS: EAST ST LOUIS, ILL.
25. DATE RECD. BY LOCAL REG.: MAR 11 1961
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF | 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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Kassly

Licensed Embalmer No. 7541

P. O. Address E. St. Louis, I

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.