

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11987

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>512</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>13 days</u>		c. CITY OR TOWN <u>St. Joseph</u>		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>623 South 18th</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u>		b. (Middle) <u>D.M.</u>		c. (Last) <u>Etchison</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1950</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 4, 1866</u>	
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Days <u>9</u> Hours <u>19</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Andrew County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		13a. FATHER'S NAME <u>J.B. Etchison</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Burgen</u>	
13c. NAME OF HUSBAND OR WIFE <u>Belle Etchison</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		15. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Belle Etchison, 623 S. 18th st.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture RT. Hip</u> DUE TO (c) <u>Gen'l arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>13 DAYS</u> <u>64030</u> <u>20</u>	
19a. DATE OF OPERATION <u>4-14-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture RT. Hip (traumatic)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo.</u>		21f. HOW DID INJURY OCCUR? <u>slipped & fell</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-4-50</u> a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>4-10</u> , 19 <u>50</u> , to <u>4-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>4-23</u> , 19 <u>50</u> , and that death occurred at <u>4:05 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Jacob Kulowski</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St. Joseph, Missouri</u>		23c. DATE SIGNED <u>4-24-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4/26/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Long Branch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Andrew County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bauman</u> ADDRESS <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG <u>May 2, 1950</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u> 382		(Licensed Embalmer's Statement on Reverse Side) <u>None</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Muldoon & Co.

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.

Signed _____

Eugene Wood

Signed _____

Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address _____

319 So 10th St. Joseph, 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 this body is not embalmed, fact should be so stated above.