Stephen   D.   Etchison   DEATH April 23	Day) (Yes 3. 194 AR FUNDER MARY POWDER MARY OUNTRY? USA ADDRES St.
1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, write RURAL and give township) COR TOWN St. Joseph  d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MISSOURI Methodist Hospital  3. NAME OF DECEASED CITY (If outside corporate limits, write RURAL and give township) COR TOWN St. Joseph  d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MISSOURI Methodist Hospital  3. NAME OF DECEASED CITY (If outside corporate limits, write RURAL and give township) COR TOWN St. Joseph COR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph C.	Day) (Yes 3. 195 Hours 197 OUNTRY? USA
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b. COUNT Buchanan  b. CITY (If outside corporate limits, write RURAL and give township)  CR OR TOWN St. Joseph  d. FULL NAME OF (If not in heapital or institution, give street address or location) HOSPITAL OR INSTITUTION  MISSOURI Methodist Hospital  3. NAME OF DECEASED  (Type or Print)  5. SEX  (If rural, give location)  ADDRESS  ADDRESS  ADDRESS  ADDRESS  (If rural, give location)  ADD	Day) (Yes 3. 194 Hours 199 Hours 199 USA
OR TOWN St. Joseph  d. FULL NAME OF (If not in bespital or institution, give street address or location) HOSPITAL OR INSTITUTION MISSOURI Methodist Hospital  3. NAME OF DECEASED (If rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  4. DATE (Month) (D. OF DEATH ADDRESS (III rural, give location)  5. SOUTH 18th  5. SOUTH 18th  5. DATE (Floration)  8. DATE (Floration)  9. AGE (In years) F UNDER I TAR INSTITUTION  9. AGE (In years) F UNDER I TAR INSTITUTION  9. AGE (In years) F UNDER I TAR INSTITUTION  9. AGE (In years) F UNDER I TAR INSTITUTION  9. AGE (In years) F UNDER I TAR INSTITUTION  9. AGE (In years) F UNDER I TAR INSTITUTION  9. AGE (In years) F UNDER I TAR INSTITUTION  10. BEATH ADDRESS  A DATE (Floration)  9. AGE (In years) F UNDER I TAR INSTITUTION  10. BEATH ADTE (Month) (D. III RITHPLACE (Blaste or (ordina ountry))  12. CC  13. BEATH ADTE (Month) (D. III RITHPLACE (Blaste or (ordina ountry))  14. NAME OF HUSBAND OR WIFE  15. NAME OF HUSBAND OR WIFE  16. SOCIAL SECURITY  17. INFORMANT'S SIGNATURE OR NAME  18. DATE (Month) (D. III RITHPLACE (Blaste or (ordina ountry))  18. AGE (In year) F UNDER I TAR INDICATE (Blaste or (ordina ountry)	Day) (Yes 3 194 Apple of the state of the st
TOWN St. Joseph  d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION  MISSOURI Methodist Hospital  6. SOUth 18th  6. Color or RACE  7. MARRIED, NEVER MARRIED, Wildowed, Middle Missouri Missouri Missouri Missouri Missouri Missouri Methodist Hospital  6. SEX  6. COLOR OR RACE  7. MARRIED, NEVER MARRIED, Wildowed, Middle Missouri Miss	AR OF CHOICE IN THE PROPERTY OF WOUNTRY? USA
ADDRESS ADDRES	AR OF CHOICE IN THE PROPERTY OF WOUNTRY? USA
INSTITUTION MISSOURI Methodist Hospital  3. NAME OF DECEASED  3. NAME OF DECEASED  4. DATE (Month) (DECEASED  6. COLOR OR RACE MIDOWED, DIVORCED (Specify)  Male White  6. COLOR OR RACE MIDOWED, DIVORCED (Specify)  Male White  7. MARRIED, NEVER MARRIED, NEVER MARRIED, NEVER MARRIED, DIVORCED (Specify)  MONTHS DESCRIPTION (Civic kind of work done during most of working life, even if retired)  7. MARRIED, NEVER	3. 194 AR OF DIMER 199 POUR 199 CITIZEN OF VOUNTRY? USA ADDRES
Stephen   D.   Etchison   DEATH April 23	3. 194 AR OF DIMER 199 POUR 199 CITIZEN OF VOUNTRY? USA ADDRES
5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)   8. DATE OF BIRTH   9. AGE (In years if words)   100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   10b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   15b. MOTHER'S MAIDEN NAME   16c. SOCIAL SECURITY   17c. INFORMANT'S SIGNATURE OR NAME   17c. INFORMANT'	A DDRES
male white   Married   July 4, 1866   Mast birthday   Months   Days	O Hours
Male   White   Married   July 4, 1866   83   9   19     Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. Co   Co   Co   Co   Co   Co   Co   Co	OITIZEN OF VOUNTRY? USA  ADDRES
Gane during most of working life, even if retired)  Own farm  Own farm  Andrew County, Missouri  Own farm  Andrew County, Missouri  Own farm  Andrew County, Missouri  Own farm  Own farm  Andrew County, Missouri  Own farm  Own farm  Own farm  I. Name of Husband or Wife  Nancy Burgen  Street, or unknown)  Own farm  Own or unknown  Own farm  Own or unknown  Own o	ADDRES
farmer own farm Andrew County, Missouri U  3a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE  J.B. Etchison Nancy Burgen Belle Etchison  5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME  17. INFORMANT'S SIGNATURE OR NAME  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a)  18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a)  19. MEDICAL CERTIFICATION CAUGUSTURY ON DIRECTLY LEADING TO DEATH*(a)	ADDRES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	st.
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT'S SIGNATURE OR NAME  Yes, no, or unknown) (If yes, give war or dates of service) none	st.
NO. NO. Mrs. BelleEtchison, 623S.18th  8. CAUSE OF DEATH Enter only one cause per Inter or (a), (b), and (c)  Inter only one (a), (b), and (c)  NO. Mrs. BelleEtchison, 623S.18th  MEDICAL CERTIFICATION  ON  ON  ON  ON  ON  ON  ON  ON  ON	st.
8. CAUSE OF DEATH Enter only one cause per Ine for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)  MEDICAL CERTIFICATION ON O	
Enter only one cause per ine for (a), (b), and (c)  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)  ON  ON  ON  ON  ON  ON  ON  ON  ON  O	
	NTERVAL BET
	13 DA
*This does not mean ANTECEDENT CAUSES	
he mode of dying, such Morbid conditions, if any, giving DUE TO (b) Tracture	<u>,403</u>
us heart failure, asthenia, trise to the above cause (a) stating the underlying cause last.	20
are, injury, or complica-	
ion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not gentlements.	
retated to the disease or conduson causing death.	
TION FOR THE TOTAL	). AUTOPSY?
7 7 7 7 7	YES   NO
21b. PLACEOF INJURY (e.g., in or about 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) borns, farm, factory, street, office bidg., etc.)	ולל" ו
IId. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID (AJURY DCQUR?	-/ (
INJURY 4-4-50 m. WHILE AT NOT WHILE WORK DAT WORK DELLAR 7 GOLD	·
THORN CONTROL OF THE PARTY OF T	41 1
2. I hereby certify that I attended the deceased from \(\frac{4-70}{2-70}\), 19 \(\frac{50}{2}\), to \(\frac{7-23}{2-3}\), 19 \(\frac{50}{2}\), that I last sau alive on \(\frac{4-23}{2-3}\), 19 \(\frac{50}{2}\), and that death occurred at \(\frac{4.50}{2.5}\). From the causes and on the date stated about the context of	w the dece
	k. DATE SIG
Jacob Kulowelle W.D. St. Joseph Thissauce of	1-24-
4a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)	(Sta
TO 1	
DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE / 20 25 FUNERAL DIRECTOR'S SIGNATURE ADDRE	14
	issou
MARKA 14.50 /70 10 KA KORA A J ATRACT - SALVANTO DILATA DE VARA	iissou 

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Student Embalmar Mo
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by
•

STATEMENT BY LICENSED EMBALMER

working under my personal supervision.

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.