

FILED APR 14 1949

STANDARD CERTIFICATE OF DEATH

State File No. 5002

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

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4271 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Alma,		c. CITY (If outside corporate limits, write RURAL and give township) Alma	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) William Joseph Fette			4. DATE OF DEATH (Month) (Day) (Year) 4 3 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14, 1861	9. AGE (In years last birthday) 87	10. F UNDER 1 YEAR Months 8 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant/Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lexington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hy. Fette		13b. MOTHER'S MAIDEN NAME Marie Temming		14. NAME OF HUSBAND OR WIFE Flora Scharnhorst	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 489-24-4628		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Fette Warrensburg, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 mo
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 2 1 2 DUE TO (c) 2 1 7			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis, generalized			?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5 Jan, 1949 to 3 Apr, 1949 that I last saw the deceased alive on 3 Apr, 1949, and that death occurred at 10:45 m., from the causes and on the date stated above.

23a. SIGNATURE Douglas Kelling, M.D.		(Degree or title) O		23b. ADDRESS Waverly, Mo		23c. DATE SIGNED 4-5-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/6/1949		24c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran		24d. LOCATION (City, town, or county) (State) Rural Alma, Mo.	
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DATE REC'D BY LOCAL REG. 4-6-1949		REGISTRAR'S SIGNATURE Clayton St Landrum		154		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alfred W. Bremer, Warrensburg, Mo.	
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RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-12-49

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
Student Embalmer

Signed Alfred W. Bremer

Licensed Embalmer No. 2696

P. O. Address Alma, 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.

Attest: _____