

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15057**

FILED MAY 19 1949

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **166**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital		d. STREET ADDRESS (If rural, give location) 802 Court	

3. NAME OF DECEASED (Type or Print) a. (First) Carl	b. (Middle) M	c. (Last) Ethal	4. DATE OF DEATH (Month) (Day) (Year) May 13 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH Feb. 14. 1890	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 2 Days 29	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman	10b. KIND OF BUSINESS OR INDUSTRY Lumber	11. BIRTHPLACE (State or foreign country) Muscataine, Iowa	12. CITIZEN OF WHAT COUNTRY? U S. A
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13a. FATHER'S NAME Frederick Ethal	13b. MOTHER'S MAIDEN NAME Elizabeth Ethel ?	14. NAME OF HUSBAND OR WIFE Mrs. Virginia Ethal
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) World War #1	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. M. Ethal	ADDRESS 802 Court, Fulton
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 1 yr 442X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia due to nephrosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive, arterosclerotic Cardiovascular renal disease DUE TO (c) Old rheumatic heart disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fulton Callaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---	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 **Sept 1946**, to **13 May 49**, that I last saw the deceased alive on **13 May 1949**, and that death occurred at **7:10 p.m.** from the causes and on the date stated above.

23a. SIGNATURE E. R. Josh (Degree or title)	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 14 May 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 16 1949	24c. NAME OF CEMETERY OR CREMATORY Hillcrest	24d. LOCATION (City, town, or county) (State) Fulton Mo
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DATE REC'D BY LOCAL REG. May 14 1949	REGISTRAR'S SIGNATURE Maretta Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Lawrence Wallace	ADDRESS Funeral Home, Fulton Mo
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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 18 1949

JUN 2 1949

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

Herzyl C. Browning

Licensed Embalmer No. *2725*

P. O. Address

Fulton md

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.