

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23771
State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 905

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	c. LENGTH OF STAY (in this place) <u>7 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanatorium</u>		d. STREET ADDRESS (If rural, give location) <u>2008 Sterling</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>Lewis</u>	c. (Last) <u>Vetter</u>	4. DATE OF DEATH	(Month) <u>July</u>	(Day) <u>10</u>	(Year) <u>1949</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 9, 1882</u>	9. AGE (In years last birthday)	<u>67</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
--------------------	-------------------------------	---	--------------------------------------	---------------------------------	-----------	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk of Salvage</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Chevrolet Corp.</u>	11. BIRTHPLACE (State or foreign country) <u>Bellville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Phillip Vetter</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Vetter</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-09-3654</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Norman L. Vetter</u>	ADDRESS <u>2008 Sterling Indep</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>33ix</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u>	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) (Minute)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. E. Wacker, M.D.</u>	(Degree or title)	23b. ADDRESS <u>2800 Main</u>	23c. DATE SIGNED <u>7/11/49</u>
---	-------------------	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. Washington Mem. Cemetery, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett City, Mo.</u>
--	-----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>July 12-1949</u>	REGISTRAR'S SIGNATURE <u>Alvin R. ...</u>	3511	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Hanson, Indip, Mo.</u>	ADDRESS
---	--	------	---	---------

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

JUL 16 RECD

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

Donald W. Hawks

Licensed Embalmer No. *4528*

P. O. Address *Independence, Missouri*

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.