

FILED OCT 31 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

36020
State File No.

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 6113 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (MorelandTown)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Moreland Township</u>	
c. LENGTH OF STAY (in this place) <u>62 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Benton, Mo. R. R. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Benton, Mo. R. R. 1</u>			

3. NAME OF DECEASED (Type or Print) <u>ARTHUR</u>	a. (First) <u>A.</u>	b. (Middle) <u>A.</u>	c. (Last) <u>VETTER</u>	4. DATE OF DEATH <u>October 21, 1949</u>
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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>November 5, 1886</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u>16</u> Min.
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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Benton, Mo. R. R. 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Andrew Vetter</u>	13b. MOTHER'S MAIDEN NAME <u>A nna Schlitt</u>	14. NAME OF HUSBAND OR WIFE <u>Reginia Vetter</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Reginia Vetter</u>	ADDRESS <u>Benton, Mo. R. 1</u>
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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 <u>F 11:1</u> <u>3</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Chest and Internal Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tractor accident</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Benton Rural Scott MO.</u>
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21d. TIME OF INJURY <u>10-21-49 9 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor upset causing chest</u>
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22. I hereby certify that I attended the deceased from Farm to Call after 10:00 PM while the deceased was alive on 10-21-49, and that death occurred at 9 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Delia P. Carney</u>	(Degree or title)	23b. ADDRESS <u>Dixie St. Benton MO</u>	23c. DATE SIGNED <u>10/22/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 24, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Lawrence Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>New Hamburg, Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-25-49</u>	REGISTRAR'S SIGNATURE <u>Mrs Addie Harrie</u>	395 FUNERAL DIRECTOR'S SIGNATURE <u>Walthers Funeral Home</u>	ADDRESS <u>Cape Gir</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 26 194

RECEIVED

District Health Office No.

District File Number 1049-1

Date Filed _____

MAR 17 1954

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 Virgil H. Kelch
Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.