

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36034

State File No.

| | | | | | | | | | |
|--|--|---|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>340</u> | | PRIMARY REG. DIST. NO. <u>6152</u> | | Registrar's No. <u>72</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u> | | c. LENGTH OF STAY (In this place) <u>40 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u> | | <u>105</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>--</u> | | | | d. STREET ADDRESS (If rural, give location) <u>East Stoddard, Dexter, Mo.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Benjamin</u> | | b. (Middle) <u>Franklin</u> | | c. (Last) <u>Fettinger</u> | | | |
| 4. DATE OF DEATH | | (Month) <u>Nov.</u> | | (Day) <u>1,</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>divorced</u> | | 8. DATE OF BIRTH <u>July 29, 1889</u> | | | |
| 9. AGE (In years last birthday) | | IF UNDER 1 YEAR Months <u>60</u> | | Days <u>3</u> | | IF UNDER 24 HRS. Hours <u>2</u> Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>tinsmith</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tinner</u> | | 11. BIRTHPLACE (State or foreign country) <u>Cobden, Ill</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | 13a. FATHER'S NAME <u>Micheal Fettinger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jennie O'Neal</u> | | | |
| 14. NAME OF HUSBAND OR WIFE | | | | 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. | | | | 17. INFORMANT'S SIGNATURE OR NAME <u>T.M. Fettinger, St. Louis, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest and internal injuries</u> ANTECEDENT CAUSES <u>injuries</u> Morbid 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u> <u>38/16!</u> <u>26</u> | |
| 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) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 60</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richland Twp. Stoddard, Mo.</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 1, 1949 4 p.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Automobile & truck collision</u> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>--</u> , 19 <u>--</u> , to <u>--</u> , 19 <u>--</u> , that I last saw the deceased alive on <u>--</u> , 19 <u>--</u> , and that death occurred at <u>5:10 p.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>W. W. Rainey</u> Coroner <u>3</u> | | | | 23b. ADDRESS <u>Dexter, Missouri</u> | | 23c. DATE SIGNED <u>11-1-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>11-2-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Cobden, Ill</u> | | 24d. LOCATION (City, town, or county) (State) <u>-- (State) --</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11-5-49</u> | | REGISTRAR'S SIGNATURE <u>Velma V. Jenkins</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Welsn Funeral Home</u> | | ADDRESS <u>Sikeston, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 8 1949

District Health Office No. 2

District File Number 1149-113

Date Filed _____

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 _____

Licensed Embalmer No. 2479

P. O. Address St. Louis, 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.