

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9761

BIRTH NO. 16304-50 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 34

0732

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0730</u> <u>Rural - Rt #4 - Neosho</u>	
c. LENGTH OF STAY (In this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles West of Neosho</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Infant boy</u> b. (Middle) <u>Y</u> c. (Last) <u>ETTER</u>			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>28</u> (Year) <u>1950</u>
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5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 28-1950</u>	9. AGE (In years last birthday) <u>—</u> IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> IF UNDER 24 HRS. Hours <u>7</u> Min. <u>40</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harold Vettes</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>—</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harold Vettes</u> ADDRESS <u>Rt 4 - Neosho</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>6 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Delivery with ablation</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>—</u> DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7625</u>	

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Mar 28, 1950, to Mar 28, 1950, that I last saw the deceased alive on Mar 28, 1950, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold C Kent M.D.</u> (Degree or title)	23b. ADDRESS <u>Neosho, Mo.</u>	23c. DATE SIGNED <u>April 1, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belfast Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Newton County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 1, 1950</u>	REGISTRAR'S SIGNATURE <u>Malvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Bigham</u> ADDRESS <u>Mostuary, Neosho, Mo.</u>
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RECEIVED

District Health Officer No. Newton Co. Health Dept.
District File Number 450-80
Date Filed MAR 5 1950

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 Joseph J. Sullivan

Licensed Embalmer No. 4646

P. O. Address Wesley, 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.