

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29277

FILED SEP 10 1951

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>356</u>		PRIMARY REG. DIST. NO. <u>6209</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas 1070</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Rural Precy</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		c. CITY: (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Rural Precy 1070</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>8 mi N. of Houston 0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>VETTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 31 51</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>Oct. 12, 1865</u>	
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Michael Vetter</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Vetter</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret</u>			
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 # <u></u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Vetter Houston, 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>Coronary thrombosis</u> ANTECEDENT CAUSES <u>arteriosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>4 hrs.</u> <u>15 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.) _____		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 <u>4-11</u> , 19 <u>51</u> , to <u>8-31</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-31</u> , 19 <u>51</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Scott H Kramer MD</u>				23b. ADDRESS <u>Houston, Mo</u>		23c. DATE SIGNED <u>9-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-3-51</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Houston</u>		24d. LOCATION (City, town, or county) (State) <u>Houston Mo</u>	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u> <u>327</u>		25. FUNERAL DIRECTOR'S SIGNATURE- ADDRESS <u>Gaylord T. Elliott Houston, Mo</u>			

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

SEP 8 1951

Dist. File _____

Date Filed _____

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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 _____

Frank E. Hood

Licensed Embalmer No. _____

4026

P. O. Address _____

Houston, T

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.