No. 300
10.48

FILED SEP 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34753

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 31

001
1

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

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee
c. LENGTH OF STAY (in this place): 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee 1001 0
d. STREET ADDRESS (If rural, give location): 120 Black Ave

3. NAME OF DECEASED (Type or Print): a. (First) Garce b. (Middle) Brackett c. (Last) Fetter

4. DATE OF DEATH (Month) (Day) (Year): Sept. 13, 1853

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: May 23, 1884
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 3, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Vandalia, Ill. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Norman Fetter
13b. MOTHER'S MAIDEN NAME: Julia Henderson
14. NAME OF HUSBAND OR WIFE: Elizabeth Unger Fetter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 497-10-0212
17. INFORMANT'S SIGNATURE OR NAME: Mrs G.B. Fetter — ADDRESS: Chaffee Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 HR

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS — ?
DUE TO (c) CARDIOVASCULAR-RENAL DISEASE — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE 442X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NATURAL
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NONE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: NONE

22. *I hereby certify that I attended the deceased from* 9-13, 1953, *to* 9-13, 1953, *that I last saw the deceased alive on* 9-13, 1953, *and that death occurred at* 6:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H.J. Mosebach, 2 D.O.
23b. ADDRESS: CHAFFEE, MO
23c. DATE SIGNED: 9-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-15-53
24c. NAME OF CEMETERY OR CREMATORY: West Union
24d. LOCATION (City, town, or county) (State): Fogen Mo

DATE REC'D BY LOCAL REG.: 9-18-1953
REGISTRAR'S SIGNATURE: Mrs Fred Bisplinghoff 445
25. FUNERAL DIRECTOR'S SIGNATURE: Bisplinghoff Funeral Home — ADDRESS: Chaffee Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 21 1953

RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 953-213

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 Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missou

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.