

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43408

State File No.

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 1

0 492 0

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) WEBB CITY		c. CITY (If outside corporate limits, write RURAL and give township) WEBB CITY	
c. LENGTH OF STAY (in this place) 56		d. STREET ADDRESS (If rural, give location) 1023 WEST DAUGHERTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL			
3. NAME OF DECEASED a. (First) FANNIE		c. (Last) ETTER	
b. (Middle)		4. DATE OF DEATH DECEMBER 27, 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEBRUARY 20, 1873
9. AGE (In years last birthday) 80		10. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (State or foreign country) NEOSHO, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME OLYSSSESS PHELPS		14. NAME OF HUSBAND OR WIFE MR. JOHN P. ETTER	
13b. MOTHER'S MAIDEN NAME MARY JANE COFFEE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME FANNIE ETTER		ADDRESS RT. # 1 CARL JUNCTION, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture & Dehabilitation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) Chrom Myocard II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 7 months 2 years 2 years			
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) _____		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) _____		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 10-23, 1953 , to 12-27, 1953 , that I last saw the deceased alive on 12-27, 1953 , and that death occurred at 6:30 AM m., from the causes and on the date stated above.			
23a. SIGNATURE P. F. Gregory (Degree or title) _____		23b. ADDRESS Webb City, Mo	
23c. DATE SIGNED 12/28/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DECEMBER 29, 1953	
24c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY		24d. LOCATION (City, town, or county) WEBB CITY, MISSOURI (State) _____	
DATE REC'D BY LOCAL REG. 1-4-54		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	
25. FUNERAL DIRECTOR'S SIGNATURE HEDGE LEWIS FUNERAL HOME		ADDRESS WEBB CITY, MO.	

RECEIVED JAN 11 1954
Jasper County Health Office
County File Number 54-1-26
Date Filed JAN 11 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 *Harold J. Lewis Jr*

Licensed Embalmer No. 4561

P. O. Address *Wells City, 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.