

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **664**  
Registrar's No. **6**

FILED JAN 11 1954

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>6</b>		
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>				
b. CITY OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (In this place) <b>Seven days</b>		c. CITY OR TOWN <b>Eldon, Mo.</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chas E. Still Osteopathic</b>				e. STREET ADDRESS (If rural, give location) <b>RR #1, Franklin Township</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charlie</b> b. (Middle) <b>(None)</b> c. (Last) <b>Ettler</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 6 1954</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>March 2 1873</b>		
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Eldon, Mo. R.R. #1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Ettler</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Aikes</b>		14. NAME OF HUSBAND OR WIFE <b>Alice Ettler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)			16. SOCIAL SECURITY CARD NO. <b>LOST</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Henry B. Worthey - Eldon, Mo.</b>			
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia</b>				DUPLICATE OF (b) <b>Congestive heart failure</b>				
ANTECEDENT CAUSES				DUPLICATE OF (c) <b>Uremia</b>				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE OF (c) <b>Uremia</b>				
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremia</b>				
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>4341</b>					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) (Min.)		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 <b>1/1</b> , 19 <b>54</b> , to <b>1/6</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>1/6</b> , 19 <b>54</b> , and that death occurred at <b>10:20</b> p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>R. A. Michael D.O.</b>				23b. ADDRESS <b>Jefferson City, Mo.</b>		23c. DATE SIGNED <b>1/6/54</b>		
24a. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 9, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Pleasant</b>		24d. LOCATION (City, town, or county) (State) <b>Eldon, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Jan 9-1954</b>		REGISTRAR'S SIGNATURE <b>R.P. Norris M.D. MR.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis D. Phillips</b>		ADDRESS <b>Eldon, Mo.</b>		

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

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.....  
Signature of Student Embalmer

Signed *Louis D. Phillips*.....

Licensed Embalmer No. *36*.....

P. O. Address *Essex*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.