

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19402

558 / State File No. 2001 Registrar's No. 283

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 2001

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) OR TOWN RURAL - GALENA
c. LENGTH OF STAY (in this place) YEARS

c. CITY OR TOWN RURAL - GALENA
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RT 3, BOX 804, JOPLIN

e. STREET ADDRESS (If rural, give location) RT 3, BOX 804, JOPLIN 0790

3. NAME OF DECEASED
a. (First) JOHN b. (Middle) H. c. (Last) FETTERMAN

4. DATE OF DEATH. JUNE 25, 1954

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W

8. DATE OF BIRTH OCT. 2, 1874

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER

10b. KIND OF BUSINESS OR INDUSTRY MINING

11. BIRTHPLACE (City and State or Foreign Country) DES MOINES, IOWA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNK

13b. MOTHER'S MAIDEN NAME UNK

14. NAME OF HUSBAND OR WIFE UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALBERT RHODES, RT 3, BOX 804, JOPLIN

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

INTERVAL BETWEEN ONSET AND DEATH
3 mo
10 years
55 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 332X

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from did not attend, 19__ to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.

23a. SIGNATURE R.K. Saylor (Degree or title)

23b. ADDRESS FRISCO BLDG., JOPLIN, MO.

23c. DATE SIGNED 6-28-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 6-28-54

24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY

24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG. 6-30-54 REGISTRAR'S SIGNATURE Ed S. James 138
By Ed S. James

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

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

0790

RECEIVED JUL 6 1954

Jasper County Health Office

County File Number.....⁵⁶.....

Date Filed JUL 6 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.....
Signature of Student Embalmer

Signed *F. M. Jones*.....

Licensed Embalmer No. *231*.....

P. O. Address *Joplin*.....

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.