

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **11372**

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>134</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>Cole</b> <b>0264</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Jefferson City, Mo.</b>			c. LENGTH OF STAY (in this place) <b>8 Months</b>		c. CITY OR TOWN <b>Jefferson City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2037 W Main</b>				e. STREET ADDRESS (If rural, give location) <b>2037 W Main</b>			
3. NAME OF DECEASED a. (First) <b>SOPHIA</b> (Type or Print)			b. (Middle) <b>KATHERINE</b>		c. (Last) <b>FECHTEL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 24, 1955</b>
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>March 26, 1886</b>	
9. AGE (in years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>18</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Westphalia, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Stephan Fechtel</b>			13b. MOTHER'S MAIDEN NAME <b>Christine Boessen</b>		14. NAME OF HUSBAND OR WIFE <b>None</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 NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Charles Fechtel J. C. Mo.</b> ADDRESS		
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) <b>Cerebral Thrombosis</b> <b>20mm</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>April 14, 1955</b> , to <b>April 24, 1955</b> , that I last saw the deceased alive on <b>April 1, 1955</b> , and that death occurred at <b>1:30 p.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Francis J. Meier MD</b>				23b. ADDRESS <b>Jefferson City, Mo.</b>		23c. DATE SIGNED <b>Apr. 25, 1955</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/27/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph</b>		24d. LOCATION (City, town, or county) (State) <b>Westphalia, Mo.</b>		
DATE REC'D BY, LOCAL REG. <b>April 27-1955</b>		REGISTRAR'S SIGNATURE <b>R.P. Dorris MD NR</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lyubster Dulle</b> ADDRESS <b>J. C. Mo.</b>			

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

MAR 28 1957  
JUN 9 1957

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.....  
*Sylvester Dull*

Licensed Embalmer No. 43

P. O. Address *Jefferson*

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.