THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41220

STATE FILE NUMBER

FILED DEC 24 1956

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 183

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitfield Nursing Home, 1512 Chestnut Street — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY
c. CITY OR TOWN Jola 9150 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Unknown — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Obert Middle Last Fetherlin

4. DATE OF DEATH Month Dec Day 19 Year 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐ 8. DATE OF BIRTH Nov 17, 1870 9. AGE (In years last birthday) 86 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) Retired. 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and state or country) Washington, Penna 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ~~Unknown~~ (John Obert Fetherlin) 14. MOTHER'S MAIDEN NAME ~~Unknown~~ Lucinda Fetherlin

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. 17. INFORMANT Mrs. W.O. Henhart Address Trenton, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Angina Pectoris — 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO (b)~~ Anemia
~~DUE TO (c)~~ Arterio Sclerosis — 4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4202

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 16 1953, to Dec 19 56 and last saw her him alive on Dec 17
Death occurred at 5 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. A. Duffy (Degree or Title) M.D. 22b. ADDRESS Trenton Mo 22c. DATE SIGNED Dec 20 56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 12/20/56 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Iola Kansas

24. FUNERAL DIRECTOR Gordon Blackmar ADDRESS Trenton Mo 25. DATE RECD. BY LOCAL REG. 12-20-56 26. REGISTRAR'S SIGNATURE Irene Farr

Dr. E.A. Duffy

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harold L Roberts

Licensed Embalmer No. 49

P. O. Address Trenton,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.