

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7280

FILED FEB 26 1957

STATE FILE NUMBER

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Houston</u>		c. CITY OR TOWN <u>Rural Piney</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sterner Rest Home</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>5 das</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Margaret Anna Vetter</u>			4. DATE OF DEATH <u>2-21-1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-25-1869</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u> Hours <u>19</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>NUTTSBURG, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Hans Schertel</u>			14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Clarence Vetter-Houston, Mo.</u>
---	--	--

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEART FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>ONE WEEK</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>LOCAL PNEUMONIA</u>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>ARTERIAL EMBOLISM OF RIGHT LEG</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u>4:35</u> Month <u>Feb</u> Day <u>21</u> Year <u>1957</u> a. m. <u>A.</u> p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Houston, Mo.</u>		COUNTY	STATE

21. I attended the deceased from 4:35 A.M. to FEBRUARY 21, 1957 and last saw her alive on FEB 21, 1957  
Death occurred at 4:35 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John R. Tan, M.D.</u>	22b. ADDRESS <u>Houston, Mo.</u>	22c. DATE SIGNED <u>2/22/57</u>
--	-------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-23-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Houston</u>	23d. LOCATION (City, town, or county) (State) <u>Houston, Mo.</u>
--	-----------------------------	--	--

24. FUNERAL DIRECTOR <u>Elliott Funeral Home</u>	ADDRESS <u>Houston, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-23-57</u>	26. REGISTRAR'S SIGNATURE <u>Mystie Craig</u>
---	--------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. The symptoms which preceded the diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

00-56

27

**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 *Frank E. Wood*

Licensed Embalmer No. *46*

P. O. Address *Houston*

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.