

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

82688

STATE FILE NUMBER

FILED APR 15 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 333

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Springfield 0396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital Length of stay in 1b 50 yrs | | d. STREET ADDRESS 2943 W. Lincoln (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

3. NAME OF DECEASED (Type or print) **CARL C FETTER** First Middle Last
4. DATE OF DEATH **April 3, 1957** Month Day Year

| | | | | | | |
|--------------------|-------------------------------|--|--------------------------------------|---|--|------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 26 Nov. 1876 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Ohio | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13. FATHER'S NAME Daniel Fetter | 14. MOTHER'S MAIDEN NAME Jane Willett |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Hospital Records Address |
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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Heart Failure | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | |

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| 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.) 4341 |
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|---|---|---|
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20e. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. CITY, TOWN, OR LOCATION COUNTY STATE |
|---|---|

21. I attended the deceased from **1955** to **April 3-55** and last saw her alive on **April 3-57**
Death occurred at **7:45 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) Carl W. Russell | 22b. ADDRESS Springfield, Mo. | 22c. DATE SIGNED 4-8-57 |
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|---|-------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4/6/57 | 23c. NAME OF CEMETERY OR CREMATORY Hazelwood | 23d. LOCATION (City, town, or county) (State) Springfield, Missouri |
|---|-------------------------|---|--|

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|--|---|---|
| 24. FUNERAL DIRECTOR ADDRESS J. Klingner & Co. Spgfd. Mo. | 25. DATE RECD. BY LOCAL REG. 4-10-57 | 26. REGISTRAR'S SIGNATURE Edith Williams |
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(Licensed Embalmer's Statement on Reverse Side)

with, welfare public service
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 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Glen A. Williams*

Licensed Embalmer No. *46*

P. O. Address *Spring*

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.