

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30576**

FILED AUG 27 1957

BIRTH NO. _____ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **6103** Registrar's No. **91**

1. PLACE OF DEATH
a. COUNTY **SULLIVAN**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission).
a. STATE **IOWA** b. COUNTY **LEE**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **MILAN RURAL**

c. CITY OR TOWN **FERT MADISON** d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) **4 DAYS**

e. STREET ADDRESS (If rural, give location) **1007 1/2 AVE, N 8140**

3. NAME OF DECEASED
a. (First) **CLARENCE** b. (Middle) **DALE** c. (Last) **ETKA**

4. DATE OF DEATH (Month) (Day) (Year) **AUG 16 1957**

5. SEX **M**

6. COLOR OR RACE **W**

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

8. DATE OF BIRTH **JAN 5 1912**

9. AGE (In years last birthday) **45** IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Min.

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

10b. KIND OF BUSINESS OR INDUSTRY **SCH-CUSTODIAN**

11. BIRTHPLACE (City and State or Foreign Country) **IOWA**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **CHARLES ETKA**

13b. MOTHER'S MAIDEN NAME **EDNA LANDIS**

14. NAME OF HUSBAND OR WIFE **MARY LULA ETKA**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WORLD WARD 484-10-1906**

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Mary P. EtkA FT. Madison**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **coronary occlusion**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (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 **instant**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **420.1**

20. AUTOPSY? **2**
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)

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:16 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **E. W. Simpson D.O. Coroner**

23b. ADDRESS **Milam**

23c. DATE SIGNED **8-17-57**

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

24b. DATE **AUG 19 1957**

24c. NAME OF CEMETERY OR CREMATORY **HILL CREST**

24d. LOCATION (City, town, or county) (State) **FT MADISON IOWA**

DATE REC'D BY LOCAL REG. **8-17-57**

REGISTRAR'S SIGNATURE **Mrs. M. W. Beckett**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **James F. ... Melan**

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 29 1957

JUN 12 1958

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 *Emmaline Duggins*

Licensed Embalmer No. 379

P. O. Address *Melrose, N.C.*

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.