

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024119  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE 042

747

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

FILED JUL 31 1961

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rush Township</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>US 59 &amp; State 116 H.W.</b>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1116 Edmond St.</b>	
3. NAME OF DECEASED (Type or print) First <b>DENNIS</b> Middle <b>CASH</b> Last <b>FETTERS</b>				4. DATE OF DEATH Month <b>July</b> Day <b>23</b> Year <b>1961</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>8-9-1920</b>	
				9. AGE (last birthday) <b>40</b>		IF UNDER 1 YEAR Months _____ Days _____	
						IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Filling Sta. Attendant</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Standard Oil Co. Des Moines, Iowa</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	
12. CITIZEN OF WHAT COUNTRY							
13a. FATHER'S NAME <b>Dennie Feters</b>				13b. MOTHER'S MAIDEN NAME <b>Bertha Chance</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W.W. #11</b>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Marvin-Feters, Des Moines, Iowa</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Traumatic shock, hemorrhage at once</b> DUE TO (b) <b>Basilar skull fracture at once</b> DUE TO (c) <b>2 car head on collision at once</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>2 Car Collision</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <b>Basilar skull fracture</b>			
20c. TIME OF INJURY Hour <b>12:05</b> a.m. <b>July 23 61</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Just. 59+116 Buchanan Co TMO</b>		20f. CITY, TOWN, OR LOCATION <b>St. Joseph</b>		COUNTY <b>Buchanan</b> STATE <b>MO</b>	
21. I attended the deceased from <b>Unreived body</b> and last saw him <b>July 23 61</b> Death occurred at <b>12:05</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>S.F. Melaney, MD Coroner</b>				22b. ADDRESS <b>214 Ketchikan St. Joe Mo</b>		22c. DATE SIGNED <b>July 23 61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7-24-1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Des Moines, Iowa</b>		23d. LOCATION (City, town, or county) (State) <b>Des Moines, Iowa</b>	
24. FUNERAL DIRECTOR <b>John E. Rupp</b>				ADDRESS <b>St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>July 23 1961</b>	
				26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Sandell</b>			

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION  
**S.F. Melaney, MD**

AUG 7 1961

JUL 31 1961

**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,

~~on~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John E. Papp*

Licensed Embalmer No. 3986

P. O. Address St. Joseph, Mo.

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.