

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028880

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 380

FILED AUG 12 1963

1. PLACE OF DEATH a. COUNTY Jasper b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin Length of stay in 1b 22 yrs.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper c. CITY OR TOWN Joplin Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2210 Pennsylvania Ave. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2210 Pennsylvania Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Bert Middle J. Last Etter			4. DATE OF DEATH Month August Day 2 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/29/1880	9. AGE (last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer		10b. KIND OF BUSINESS OR INDUSTRY Medock, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James L. Etter		13b. MOTHER'S MAIDEN NAME Delila Nichols		14. NAME OF HUSBAND OR WIFE Lois Lauderdale Etter	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [Redacted]		17. INFORMANT Address Mrs. Etter, Joplin, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Failure DUE TO (b) Myocardial Degeneration DUE TO (c) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 24 hours 2 months Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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 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 a.m. p.m. Month, Day, Year		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 COUNTY STATE	

21. I attended the deceased from 12-28-62 to 8-2-63 and last saw her alive on 8-1-63
 Death occurred at 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Charles B. Jeger</i>		22b. ADDRESS 418 S. Wall, Joplin, Mo.		22c. DATE SIGNED 8/15/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/4/63		23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery	
24. FUNERAL DIRECTOR ADDRESS J. D. Buchanan, Monett, Mo.		25. DATE RECD. BY LOCAL REG. 8-6-1963		26. REGISTRAR'S SIGNATURE Dove Merriam	

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 AMENDED
 DATE AMENDED
 1 0499
 2 0499
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 4 0
 5 1
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 7 0
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 9 002.1
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 11
 12 90-2
 13 20
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
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 ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

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6-OP

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,

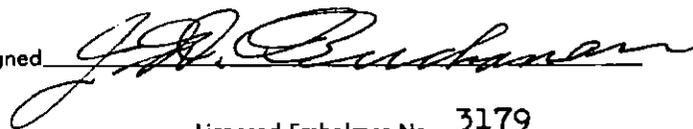
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 3179

P. O. Address Monett, 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.