

CERTIFICATE OF DEATH

124

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DO NOT WRITE
ON THIS STUD

VS 300
Rev. 1/68

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 92

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Zettie Erin FAWVER					2. female	July 30, 1968
3. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS.	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. white		74			Oct. 17, 1893	70. Barry
5. CITY, TOWN, OR LOCATION OF DEATH		71. INSIDE CITY LIMITS SPECIFY YES OR NO				
70. Monett		71. yes				
72. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		73. St. Vincent's Hospital				

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9. CITIZEN OF WHAT COUNTRY		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. USA		10. married		11. Leslie E. Fawver	
12. SOCIAL SECURITY NUMBER		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		14. KIND OF BUSINESS OR INDUSTRY			
12. 500-36-5583B		13. housewife		14.			
15. RESIDENCE—STATE		16. COUNTY		17. CITY, TOWN, OR LOCATION		18. INSIDE CITY LIMITS (SPECIFY YES OR NO)	
15. Missouri		16. Barry		17. Cassville		18. yes	
19. STREET AND NUMBER		20. 80 Gravel St.					

PARENTS

21. FATHER—NAME		FIRST	MIDDLE	LAST	22. MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
21. Samuel J. McClure					22. Rocena Anne Trimble				
23. INFORMANT—NAME					24. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
23. Leslie E. Fawver					24. 80 Gravel Street Cassville, Mo. 65625				

CAUSE

PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE					
(a) Pneumonitis				Few days	
DUE TO, OR AS A CONSEQUENCE OF					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b)		DUE TO, OR AS A CONSEQUENCE OF:	
XX		(an old CMA)			

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
ASHD with failure; Rt. partial hemiplegia due to ↑						19. Yes		19b.	
25. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		26. DATE OF INJURY (MONTH, DAY, YEAR)		27. HOUR		28. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
25.		26.		27.		28.			
29. INJURY AT WORK (SPECIFY YES OR NO)		30. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		31. LOCATION		32. (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
29.		30.		31.		32.			

CERTIFIER

CERTIFICATION—PHYSICIAN:		MONTH		DAY		YEAR		MONTH		DAY		YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
21b. I ATTENDED THE DECEASED FROM		6		23		'68		21b.		7		30		'68		21c. 7		30	
21c. 7		30		'68				21d. 7		30		'68				21e. Yes		9:40 P.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH		DAY		YEAR		HOUR		DATE SIGNED (MONTH, DAY, YEAR)					
22. 9:40 P.		23. 30		24. 68		25. 9:40 P.		26. 30		27. 68		28. 9:40 P.		29. 8-5-68					
30. CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)													
30. W. J. Glass, Jr., M.D.		31. [Signature]		32. M.D.		33. 8-5-68													
34. MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP											
34. 313 1/2 Broadway		35. Monett		36. Missouri		37. 65708													

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE	
240. Burial		241. Seligman Cemetery		242. Seligman, Missouri		243. 8-5-68		244. 65708	
245. DATE (MONTH, DAY, YEAR)		246. FUNERAL HOME—NAME AND ADDRESS		247. (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		248. FUNERAL DIRECTOR—SIGNATURE		249. REGISTRAR—SIGNATURE	
245. Aug 2, 1968		246. Culver's		247. P.O. Box 266 Cassville, Mo. 65625		248. Margaret C. Hentz		249. Mrs P. N. Cook	
250. DATE RECEIVED BY LOCAL REGISTRAR									
250. Aug-10-1968									

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

8-31-68

APR 10 1969

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville, 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.