

FILED FEB 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 118

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Butler		c. CITY (If outside corporate limits, write RURAL and give township) Rural Mt. Pleasant	
c. LENGTH OF STAY (In this place) 1 Day		d. STREET ADDRESS (If rural, give location) R.F.D. 3 Butler	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Keith c. (Last) Feugate			4. DATE OF DEATH (Month) (Day) (Year) 1 - 25 - 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	
8. DATE OF BIRTH 1-21-1935			9. AGE (In years last birthday) 17 if UNDER 1 YEAR Months 0 Days 4 Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Reuben Feugate		13b. MOTHER'S MAIDEN NAME Annabell LeeMaster		14. NAME OF HUSBAND OR WIFE Single	
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. 486-36-5710		17. INFORMANT'S SIGNATURE OR NAME Reuben Feugate ADDRESS R.F.D. 3 Butler, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Basal Skull fracture		INTERVAL BETWEEN ONSET AND DEATH 3 hrs E 8154 26
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Compound fracture DUE TO (c) left femur -		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary hemorrhage		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) Highway 71	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Butler Bates Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-25-52 11 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? motor cycle struck trailer

22. I hereby certify that I attended the deceased from **1-28-52** to **1-28-52**, 19**52**, that I last saw the deceased alive on **1-28**, 19**52**, and that death occurred at **3 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carley W. Luter M.D.	23b. ADDRESS Butler, Mo.	23c. DATE SIGNED 1-28-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-28-1952	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	24d. LOCATION (City, town, or county) (State) Butler, Missouri
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DATE REC'D BY LOCAL REG. Jan 28-52	REGISTRAR'S SIGNATURE Nendall	25. FUNERAL DIRECTOR'S SIGNATURE (Licensed Embalmer's Statement on Reverse Side) John D. Underwood ADDRESS Butler, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X
Date
0071

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
Student Embalmer

Signed Robert D. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, Missouri

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 this body is not embalmed, fact should be so stated above.