

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1953

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>5243</u>		Registrar's No. <u>39</u>		
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>				
b. CITY OR TOWN <u>Rural Chariton Township</u>		c. LENGTH OF STAY (If this place) <u>18 yrs.</u>		c. CITY OR TOWN <u>Rural Chariton Township</u>		d. STREET ADDRESS (If rural, give location) <u>Near Shannondale</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Shannondale</u>				d. STREET ADDRESS (If rural, give location) <u>Near Shannondale</u>				
3. NAME OF DECEASED (First) (Middle) (Last) <u>Charles Frederick Feuers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 25 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Feb 27, 1892</u>		
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Feuersville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Christ Feuers</u>			13b. MOTHER'S MARRIEN NAME <u>Kathryn Drewell</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia Eilers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y or N, no. or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lydia Feuers Salisbury Mo</u>			
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>fatal</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>				DUE TO (b) <u>Coronary sclerosis</u>				19y
ANTECEDENT CAUSES				DUE TO (c) <u>none</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>none</u>				
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			<u>4201</u>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb 6, 1953</u> to <u>April 25, 1953</u> that I last saw the deceased alive on <u>Apr 16, 1953</u> , and that death occurred at <u>7:00 AM</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L. L. Hanna - MD</u>				23b. ADDRESS <u>Salisbury, Mo.</u>		23c. DATE SIGNED <u>5-7-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 27, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Rock</u>		24d. LOCATION (City, town, or county) (State) <u>Norton, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-7-53</u>		REGISTRAR'S SIGNATURE <u>Bert Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Fremouth</u>		ADDRESS <u>Glasgow Mo.</u>		

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

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

E. O. Luemuth

Licensed Embalmer No. 3978

P. O. Address Glasgow 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 this body is not embalmed, fact should be so stated above.