

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15518

2000

Registrar's No. 524

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| BIRTH NO. _____ | | REG. DIST. NO. <u>128</u> | | PRIMARY REG. DIST. NO. _____ | | State File No. 15518 | |
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> GREENE | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (in this place) <u>4 Days</u> | | c. CITY OR TOWN <u>Collins</u> | | d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>2</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge</u> | | | | e. STREET ADDRESS (If rural, give location) <u>R#2 0920</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Fellows</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-31-54</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR (OR RACE) <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>9-27-04</u> | |
| 9. AGE (In years last birthday) <u>49</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ford Motor Co.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |
| 13a. FATHER'S NAME <u>Frank Fellows</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Emory</u> | | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth A. Fellows</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth A. Fellows</u> | | ADDRESS <u>Collins 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 | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Pancreas</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 MO.</u> | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>157 X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) m. | | 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>5-27</u> , 19 <u>54</u> , to <u>5-31</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-31</u> , 19 <u>54</u> , and that death occurred at <u>4:10 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Paul C. Norton</u> | | | | 23b. ADDRESS <u>Springfield Mo 1630 N Jefferson Ave</u> | | 23c. DATE SIGNED <u>5-31-54</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>June 3, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rayne Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Near Polk, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>6-3-54</u> | | REGISTRAR'S SIGNATURE <u>Wm. Williamson</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Williamson</u> | | ADDRESS <u>Blue Bolivar, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 22 1954
JUL 1 1954

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 *William D. ...*

Licensed Embalmer No. *309*

P. O. Address *... ..*

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.