

FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13793

State File No. ....

BIRTH NO. .... REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b>		b. COUNTY <b>Johnson.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Warrensburg.</b>		c. LENGTH OF STAY (in this place) <b>30yrs.</b>		c. CITY OR TOWN <b>Warrensburg.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home; 312, W. Market</b>		e. STREET ADDRESS (If rural, give location) <b>312, W. Market St. 65120</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lola</b>			b. (Middle) <b>Etta</b>		c. (Last) <b>Feugate</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April, 27, 1956.</b>		
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5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>		8. DATE OF BIRTH <b>March, 21, 1877</b>		9. AGE (in years last birthday) <b>79.</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house keeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Garlensville. ILL</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
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13a. FATHER'S NAME <b>Victor Gaubert.</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Erving</b>			14. NAME OF HUSBAND OR WIFE <b>Wm. T. Feugate.</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bertha B. Cosart, Warrensburg, MO.</b>			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congestive heart failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 wks.</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephritis</b>						<b>8 wks.</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 <b>593X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Feb. 1946** to **Apr. 27, 1956** that I last saw the deceased alive on **Apr. 24, 1956**, and that death occurred at **1:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Henry Harkness, M.D.</b>			23b. ADDRESS <b>Warrensburg</b>			23c. DATE SIGNED <b>4/28/56</b>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>Apr. 29, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg, MO.</b>	
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DATE REC'D BY LOCAL REG <b>Apr. 29, 1956</b>		REGISTRAR'S SIGNATURE <b>Savannah Crutcher</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sweeney Phillips, Warrensburg, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

470

RECEIVED  
APR 30 1956  
JOHNSON COUNTY HEALTH DEPT.

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 *P. Q. Phillips*.....

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg*

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.