

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025162

STATE FILE NUMBER

FILED JUL 28 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 716B

1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ROGERSVILLE 0390 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HANDLEY MEMORIAL		Length of stay in lb 11 DA	d. STREET ADDRESS (If outside, give location) WASHINGTON TWP Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last FILBECK	4. DATE OF DEATH Month JULY Day 10. Year 1958
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9 OCT 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SPENCER FILBECK	13b. MOTHER'S MAIDEN NAME CYNTHIA LOWERY	14. NAME OF HUSBAND OR WIFE ANNIE
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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. NONE	17. INFORMANT ANNIE FILBECK, Rt. 1, ROGERSVILLE Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Heart Disease DUE TO (c) 4201	INTERVAL BETWEEN ONSET AND DEATH
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 11:30 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION ROGERSVILLE	COUNTY GREENE	STATE MISSOURI
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21. I attended the deceased from June 25, 1958 to July 10, 1958 and last saw him alive on July 10, 1958 Death occurred at 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Lyman D. Brown M.D. (Degree or title)	22b. ADDRESS 3 1/2 College Springfield Mo	22c. DATE SIGNED 7/17/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 14 JUL 58	23c. NAME OF CEMETERY OR CREMATORY WATTS CEMETERY	23d. LOCATION (City, town, or county) (State) CHRISTIAN CO, MISSOURI
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24. FUNERAL DIRECTOR Wm K. Jewell Rogersville, Mo	ADDRESS Rogersville, Mo	25. DATE RECD. BY LOCAL REG. 7-21-58	26. REGISTRAR'S SIGNATURE Effie B. Melton
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 *Wm K Ferrell*

Licensed Embalmer No. *4910*

P. O. Address *St. Ignace, 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.