

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028089
State File No.

FILED SEP 2 1958

BIRTH NO. REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>	c. LENGTH OF STAY (In this place) <u>23 days</u>	c. CITY OR TOWN <u>Craig</u> 0440	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>—</u> c. (Last) <u>Felumb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23, 1958</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>April 12, 1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On farm</u>	9. AGE (In years last birthday) <u>73</u> If under 1 year: Month _____ Day _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Oldsburg, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Felumb</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Andersen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-30-4393</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Glen Felumb - Craig, Mo.</u>		ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic heart disease</u>		
	DUE TO (c) <u>Arterio sclerosis</u>		
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	20. AUTOPSY? <u>0</u> 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) <u>4200</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 October, 1957, to Aug 23, 1958, that I last saw the deceased alive on August 23, 1958, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Kinney</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Maud City, Mo.</u>	23c. DATE SIGNED <u>Aug 25, 1958</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & removal</u>	24b. DATE <u>8/26/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>P.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Craig, Mo.</u>
DATE REC'D BY LOCAL REGISTRAR <u>Aug 30, 1958</u>	REGISTRAR'S SIGNATURE <u>Therwin N. Scholes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Scholes - Craig, Mo.</u>	

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

SEP 8 1958

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 *Myself*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wilber L. Schooner*

Licensed Embalmer No. *399*

P. O. Address *Craig, 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.