

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035671
STATE FILE NUMBER

FILED OCT 20 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON, MO		c. CITY OR TOWN CENTRALIA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL #1		d. STREET ADDRESS (If outside, give location) 0090	
Length of stay in lb 8 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last KATIE FEMMER			4. DATE OF DEATH Month Day Year OCT 11 58		
---	--	--	--	--	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 29 1892	9. AGE (In years or birthday) 66	FUNDER 1 YEAR	IF UNDER 24 HRS.
-----------------	---------------------------	--	--------------------------------------	---	---------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) MO 0	12. CITIZEN OF WHAT COUNTRY? US
---	---	--	--

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE UNKNOWN
-----------------------------------	--	--

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. NO	17. INFORMANT Address HOSPITAL RECORDS, Fulton Mo
---	-----------------------------------	--

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 DECOMPENSATION		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) _____	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	DUE TO (c) CAR BRAIN SYNDROME 4341	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
---	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	--	---

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 3-2 PM on the date stated above; and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE (Degree or title) R.C. ROBERTSON M.D.	22b. ADDRESS FULTON, MO	22c. DATE SIGNED 10/11/58
---	--------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 13-1958	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Merica Mo
---	-------------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home, Merica, Mo	25. DATE RECD. BY LOCAL REG. Oct. 9-1958	26. REGISTRAR'S SIGNATURE Maretha Lawrence
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

26
0

OCT 22 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Rep Miller*

Licensed Embalmer No. *4492*

P. O. Address *Medford*

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.