Health, & Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043507

STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 61 Primary Registration District No. 4167 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY CEDAR
b. CITY OR TOWN ELDORADO SPG'S — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) HOME — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CEDAR
c. CITY OR TOWN ELDORADO SPG'S 0201 — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 310 S PARK — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First H Middle M. Last FEWEL

4. DATE OF DEATH Month 12 Day 23 Year 58

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH APRIL 1, 1867

9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER RET

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) JOHNSON CO MO 0

12. CITIZEN OF WHAT COUNTRY? U S A.

13a. FATHER'S NAME –

13b. MOTHER'S MAIDEN NAME –

14. NAME OF HUSBAND OR WIFE ZETTA FEWEL

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. —

17. INFORMANT ZETTA FEWEL Address ELDORADO SPG'S 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arterio sclerotic
DUE TO (c) heart disease — 1yr +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

MEDICAL CERTIFICATION

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12-11-58, to 12-23-58 and last saw her/him alive on 12-21-58
Death occurred at 9:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C H Sunderworth DO 2 — **22b. ADDRESS** El Dorado Spgs — **22c. DATE SIGNED** 12-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — **23b. DATE** 12-26-58 — **23c. NAME OF CEMETERY OR CREMATORY** CALHOUN — **23d. LOCATION** (City, town, or county) CALHOUN (State) MO

24. FUNERAL DIRECTOR NAFUS — **ADDRESS** ELDORADO SPG'S MO — **25. DATE RECD. BY LOCAL REG.** 12-24-58 — **26. REGISTRAR'S SIGNATURE** George W Nafus

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

18 0

JUN 2 1959

DEC 30 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 ..... Signed George W. Nafus .....
Signature of Student Embalmer

Licensed Embalmer No. 2252 .....

P. O. Address El Dorado Springs 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.