Health, Welfare Public Service

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0-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-010462
STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 280 Primary Registration District No. _____ Registrar's No. 20.

**1. PLACE OF DEATH**
a. COUNTY: Platte
b. CITY OR TOWN: Weston (Weston) — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): — Length of stay in 1b:

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Platte
c. CITY OR TOWN: Weston (0.8.30) — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: David Middle: Crockett Last: Fellows
4. DATE OF DEATH: Month: March Day: 11 Year: 1959
5. SEX: male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: Feb.19,1872
9. AGE (In years last birthday): 87 — 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): Grocer--Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Store
11. BIRTHPLACE (City and state or country): Platte Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: William Fellows
13b. MOTHER'S MAIDEN NAME: Sarah E. Scott
14. NAME OF HUSBAND OR WIFE: Mahala Evaline Allen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 495-24-2731
17. INFORMANT: Mrs. Janda Rees Address: Weston, Missouri

**MEDICAL CERTIFICATION**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Traumatism to rt.leg & low back from fall — INTERVAL BETWEEN ONSET AND DEATH: 14 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Falling at home — 14 days.
DUE TO (c) XXXXXXXXXXXX (9030) — XXXXXX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (20)
Arteriosclerosis and malnutrition
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) On arisind and attempting to put on pants,hard fall.
20c. TIME OF INJURY: Hour a.m. 6 Month, Day, Year: Feb.25,59
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: Weston COUNTY: Platte STATE: Missouri
21. I attended the deceased from 2/25/59, to 3/11/59 and last saw her/him alive on 3/11/59
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Lewis C. Colbert M.D. (Degree or title)
22b. ADDRESS: Weston Missouri
22c. DATE SIGNED: 3/13/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-14-1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. Bethel Cemetery
23d. LOCATION (City, town, or county) (State): Weston, Missouri
24. FUNERAL DIRECTOR: Vaughn Funeral Home ADDRESS: Weston, Mo.
25. DATE RECD. BY LOCAL REG.: Mar-14,1959
26. REGISTRAR'S SIGNATURE: Ophia Rollins.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS FEB 16 1960

APR 9 1959

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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.