THE DIVISION OF HEALTH OF MISSOURI 59-017480 STANDARD CERTIFICATE OF DEATH elfore 302 STATE FILE NUMBER 29 FILED MAY 25 1953 egistration District No. 257 Primary Registration District No. rvice 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY b. COUNTY a, STATE Missouri 57 b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits OR Yes 🙀 No 🛴 Yes 👽 No 🗍 Clinton TOWN Clinton c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 16 (If outside, give location) d. STREET Reside on Farm AVAZ ADDRESS 612 East Chio St. Yes 🔲 No 🕱 INSTITUTION Clinton General Hosp 8 Dave 3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) JAY DOUGLAS FELLHAUER DEATH May 18, 1959 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last histhday) Months Mala White Sept. 20, 1887 WIDOWED | DIVORCED 11. BIRTHPLACE (City and state or country) 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Retired Merchant (retired) Henry Co. Mo. USA 130. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Daniel Valentine Fellhauer Roxie Mayes Fellhauer Leota Elledze Prairie Willage 15. 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, negro; unknown) (If yes, we was a. J. L. Fellhauer 8012 Nall St. Kansas 49**1-20-**8993 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH TYPEWRITE IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the under-DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) WAS AUTOPSY 3 PERFORMED? 42ao 8 YES NO L 20a. ACCIDENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE 20c. TIME OF Month, Day, Year Hour INJURY a.m. ONLY p.m. 20a, PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED STATE farm, factory, street, office bldg., etc.) WHILE AT [] NOT WHILE !--AT WORK 5-18-59 and last saw her alive on 21. I attended the deceased from m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 22a. SIGNAZIARE 22b. ADDRESS 22c. DATE SIGNED 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION. (State) LaDua Camatery LaDue, Missouri May 20, 1959 26. REGISTRAR'S SIGNATURE

STATEMENT BY LICENSED EMBALMER

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur

P. O. Address ...

I nereby certify that the body whose name i	is recorded on the reverse side of this certificate was embal
by me, or by	, Student Embalmer No
working under my personal supervision.	
Student	Signed Italisant
	Licensed Embalmer No. 37

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.