

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002064

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 76 STATE FILE NUMBER

FILED FEB 15 1963

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Joplin</u>		Length of stay in 1b <u>18 yrs</u>	c. CITY OR TOWN <u>Joplin</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>724 Connor Avenue</u>
3. NAME OF DECEASED (Type or print) First <u>VIRGINIA</u> Middle <u>FELLWOCK</u> Last <u>FELLWOCK</u>		4. DATE OF DEATH Month <u>February</u> Day <u>10</u> Year <u>1963</u>	

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-13-1922</u>	9. AGE (last birthday) <u>40</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Sheldon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Guy C. Peck</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Shaffer</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis Fellwock</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>None</u>		17. INFORMANT Address <u>Lewis Fellwock, 724 Connor, Joplin, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>due to (b) probable neurogenic shock and aspiration.</u>		<u>18 hrs.</u>
DUE TO (c) <u>Catty liver</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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 <u>6</u> a.m. p.m.	Month, Day, Year <u>2-10-63</u>		

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 <u>Joplin, Missouri</u>	COUNTY <u>Joplin</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>2-7-63</u> to <u>2-10-63</u> and last saw her alive on <u>2-10-63</u> Death occurred at <u>6</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>Richard Smith, MD</u>	(Degree or title)	22b. ADDRESS <u>Medical Site Bldg Joplin</u>	22c. DATE SIGNED <u>2-10-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 13, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Osborne Memorial Cem.</u>	23d. LOCATION (City, town, or county) <u>Joplin, Missouri</u>

24. FUNERAL DIRECTOR <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2-12-1963</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>
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(Licensed Embalmer's Statement on Reverse Side)

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 DAVID DILLON, JR., Student Embalmer No. 679

working under my personal supervision.

Student

David Dillon, Jr.  
Signature of Student Embalmer

Signed

David Dillon

Licensed Embalmer No. 3898

P. O. Address

Joplin, 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.