

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-015169

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 131

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0147

2 0370

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4 1

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9 465X

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12 93-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> admission)			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Length of stay in 1b <u>7 mo.</u>		c. CITY OR TOWN <u>Owensville</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u></u>	
3. NAME OF DECEASED (Type or print) First <u>Fannie</u> Middle <u>Bell</u> Last <u>Feldmiller</u>		4. DATE OF DEATH Month <u>April</u> Day <u>23</u> Year <u>1963</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>9-15-1878</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>
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>Home</u>		11. BIRTHPLACE (City and state or country) <u>unk</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>William E. Burton</u>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Mary E. ?</u>		14. NAME OF HUSBAND OR WIFE <u>Unk</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT Address <u>State Hospital No. 1, Fulton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lungs - infarcts</u>					INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>multiple pulmonary artery emboli</u>					
DUE TO (c) <u>heart - healed myocardial infarction</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>heart - healed myocardial infarction</u>					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></u> a.m. <u></u> p.m. <u></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>State Hospital No. 1</u>
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. X attended the deceased from <u>State Hospital No. 1</u> <u>9-22-1962</u> to <u>4-23-1963</u> Death occurred at <u>8:05 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Fred P. Honder</u> (Degree or title)			22b. ADDRESS <u>Fulton, Mo.</u>		22c. DATE SIGNED <u>4/23/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4/25/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW SALEM</u>		23d. LOCATION (City, town, or county) (State) <u>OWENSVILLE MO</u>
24. FUNERAL DIRECTOR <u>GOTTENSTROEYER FUNERAL HOME</u>			25. DATE RECD. BY LOCAL REG. <u>Apr. 23-1963</u>		26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>

USE BLACK INK OR TYPEWRITER RIBBON

71.0
0.10

0.89
1

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 Michael H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.