

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015329

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **393**

Primary Registration District No. **1002** Registrar's No.

2370

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 6 1963

1. PLACE OF DEATH
 a. COUNTY **Clay**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City North** Length of stay in 1b **Hrs. 4**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Resurrection Cemetery** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Cass**
 c. CITY OR TOWN **Freeman** Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) **Highway J & J** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Henry** Middle **William** Last **Feugate**
 4. DATE OF DEATH Month **April** Day **18** Year **1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **10-31-1915** 9. AGE (last birthday) **47** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Maintenance** 10b. KIND OF BUSINESS OR INDUSTRY **Cemetery Superintendent** 11. BIRTHPLACE (City and state or country) **Butler, Missouri** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **Jasper F. Feugate** 13b. MOTHER'S MAIDEN NAME **Evelina Vaughn** 14. NAME OF HUSBAND OR WIFE **Mary L. Feugate**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW #2** 17. INFORMANT Address **J & J. Highway Mary L. Feugate, Freeman, 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) **Electrocution by lightning flash**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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, etc.) **Resurrection Cemetery** 20f. CITY, TOWN, OR LOCATION **71 Be Pass E. J. Madras, Clay, Mo.** COUNTY **Clay** STATE **Mo.**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **D. State and Coroner** 22b. ADDRESS **North Kansas City, Mo.** 22c. DATE SIGNED **4/19/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-22-1963** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet Cemetery** 23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Melody-McGilley-Eylar Funeral Home** 25. DATE RECD. BY LOCAL REG. **4-22-63** 26. REGISTRAR'S SIGNATURE **Ruth Song**
Woodland-Linwood

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF S. Pate

VS 300 Rev. 4/59

1 6004
2 0140

3

4 **0**

5 **1**

6

7 **0**

8 **2**

99148

10 **46**

11 **600**

12 **91-3**

13

USE BLACK INK OR TYPEWRITER RIBBON

MAY - 6 1963

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 James R. Phillips

Licensed Embalmer No. 4641

P. O. Address K.C., 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.