

No. 2
1-4-41
17-39

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39054**

FILED DEC 5 1941

Registration District No. **608**

Primary Registration District No. **3032**

Registrar's No. **349**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Pettis**
(b) City or town **Sedalia**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1316 S. Lamine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pettis**
(c) City or town **Sedalia**
(If outside city or town limits, write "RURAL")
(d) Street No. **1316 S. Lamine**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Edna Frances Fellers**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Lewis G. Fellers** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **July 29, 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 **3** **29** hr. min.

9. Birthplace **Pettis County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....

12. Name **Ben Hutson**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Covie Sharp**

15. Birthplace **Lamonte Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **L. G. Fellers**

(b) Address **Sedalia, Missouri**

17. (a) **Burial** (b) Date thereof **Dec. 1, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill Cemetery**

18. (a) Signature of funeral director **Gillespie Funeral Home**

(b) Address **903 S. Ohio, Sedalia, Mo.**

19. (a) **12-1-41** (b) **ms Anna Burger**
(Date received local registrar) (Registrar's signature)

1022 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **28**
year **1941** hour **5** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **Nov. 27** 19**41** to **Nov. 28** 19**41**
that I last saw h. **em** alive on **Nov. 27** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Artery Disease**
Due to **Embolus?** **12 hrs**
Due to **Myocardial Infarction** **?**
Other conditions **Arteriosclerosis**
(Include pregnancy within 3 months of death)

Major findings: **94a**
Of operations.....
Of autopsy **No Autopsy**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(c) Means of injury.....

23. Signature **Frank B. Long** (M. D. or other) **M.D.**
Address **Sedalia Mo.** Date signed **11/29/41**

Duration **12 hrs**
12 hrs
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-4-41

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

L. E. Beildin

Licensed Embalmer No. 3867

P. O. Address. Sedalia, Missouri

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 this body is not embalmed, fact should be so stated above.