

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 427-304
Registrar's No. 3028

FILED JUN 20 1952

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

493
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Gasper</u>		2. USUAL RESIDENCE (Where deceased lived in institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>3 da</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>RFD Bruce City</u>		d. STREET ADDRESS (If rural, give location) <u>MO 2055</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune Brooks Hosp</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Martha</u> b. (Middle) <u>Lorina</u> c. (Last) <u>Fellers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-8-52</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>3-15-75</u>
9. AGE (In years last birthday) <u>77</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fairview MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. MOTHER'S MAIDEN NAME <u>Ann DePriest</u>	
14. NAME OF HUSBAND OR WIFE <u>Wm Fellers</u>		15. FATHER'S NAME <u>Simon Coakrell</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Simon Fellers</u> ADDRESS <u>Bruce City MO</u>	
18. DATE OF OPERATION		19. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>30 May, 1952</u> , to <u>8 June, 1952</u> , that I last saw the deceased alive on <u>6 June, 1952</u> , and that death occurred at <u>10 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Henry Simmons MD</u> (Degree or title)		23b. ADDRESS <u>Barkley MO</u>	
23c. DATE SIGNED <u>9 June 52</u>		24. LOCATION (City, town, or county) (State) <u>Fairview MO</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>6-10-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Blue Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Fairview MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u> ADDRESS <u>Barkley MO</u>		DATE REC'D BY LOCAL REG. <u>6-10-52</u>	
REGISTRAR'S SIGNATURE <u>PK Clinton MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Cerebral Hemorrhage</u>	<u>8 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c)	

RECEIVED 6-19-52
Jasper County Health Office

County File Number 5216/167

Date Filed 6-19-52

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 me

Student Embalmer No. 3954

working under my personal supervision.

Student
Student Embalmer

Signed W.P. Jackson

Licensed Embalmer No. 3954

P. O. Address Jasper, 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 this body is not embalmed, fact should be so stated above.