

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 185
Registrar's No. 185

FILED MAR 10 1955

No. 300
10. 48

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	Registrar's No. 185	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, write RURAL and give town) Poplar Bluff		c. LENGTH OF LIFE (in this place) Life	c. CITY OR TOWN Poplar Bluff	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff-Hospital			STREET ADDRESS (If rural, give location) 1203 Gardner 01240		
3. NAME OF DECEASED (Type or Print) a. (First) Bertha		b. (Middle) Feverston		c. (Last) Feverston	
4. DATE OF DEATH 2-26-55		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2-18-1880		9. AGE (In years last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Indiana	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Andrew Mopps		13b. MOTHER'S MAIDEN NAME Clara Lindhardt	
14. NAME OF HUSBAND OR WIFE Marion E. Feverston		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME Charles Feverston, Poplar Bluff Mo.		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, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease ANTECEDENT CAUSES (b) Also see Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4201	
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 2-23, 1955, to 2-26, 1955, that I last saw the deceased alive on 2-26, 1955, and that death occurred at 4 P. m., from the causes and on the date stated above.					
23a. SIGNATURE [Signature] (Degree or title) MD		23b. ADDRESS Poplar Bluff, Mo		23c. DATE SIGNED 3/2/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-1-55 489		24c. NAME OF CEMETERY OR CREMATORY Marble Hill	
24d. LOCATION (City, town, or county) Butler Co., Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch, Poplar Bluff, Mo		ADDRESS	
DATE REC'D BY LOCAL REG. 3/4/55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAR 7 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

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 *Wallace N. Fitch*

Licensed Embalmer No. *3859*

P. O. Address *Boyer bluff*

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.