

STANDARD CERTIFICATE OF DEATH

41417

State File No. _____ Registrar's No. 74

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VERSAILLES</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>602 DeKalb St.</u>		d. STREET ADDRESS (If rural, give location) <u>602 DeKalb</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SADYE (Sadie)</u> b. (Middle) <u>Clod</u> c. (Last) <u>FELTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 18 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 12, 1896</u>	9. AGE (In years last birthday) <u>59</u>	<u>7</u> MONTHS <u>6</u> DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Registered Nurse</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Versailles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edward Alpheus Chad Felter</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Josephine Gatte Meyer</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>491-32-0180</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gussie Chad Felter</u> ADDRESS <u>Versailles, Mo.</u>

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>Metastatic Carcinoma of Ovaries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>175X</u>		

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 June 19, 1954 to Dec. 18, 1955, that I last saw the deceased alive on Dec 18, 1955 and that death occurred at 2:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack Gunn M.D.</u>	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>12/19/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>December 20, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>	DATE REC'D BY LOCAL REG. <u>12/19/55</u>	REGISTRAR'S SIGNATURE <u>L. H. Ashburn</u> ADDRESS <u>214</u>
FUNERAL DIRECTOR'S SIGNATURE <u>James R. Scrimmer</u> ADDRESS <u>Versailles, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
030

121 28 1955

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
Student Embalmer

Signed James R. Scrivner

Licensed Embalmer No. 4880

P. O. Address Thornville, 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.