

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31601

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Perryville</u>		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 <u>310 Magnolia Ave.</u>				f. STREET ADDRESS (If rural, give location) <u>310 Magnolia Ave. 07910</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Esther</u>			b. (Middle) <u>Ella</u>		c. (Last) <u>Fellows</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 6, 1903</u>		9. AGE (In years last birthday) <u>53</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lixville, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Louis Lix</u>			13b. MOTHER'S MAIDEN NAME <u>Rosetta Barks</u>			14. NAME OF HUSBAND OR WIFE <u>Oscar Fellows, Dec'd.</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Floyd Fellows Sedgewickville, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rt. Breast with Metastasis</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.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
19a. DATE OF OPERATION <u>12/24/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Breast</u>						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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. J. [unclear] M.D.</u> (Degree or title)				23b. ADDRESS <u>Coryville, Mo.</u>			23c. DATE SIGNED <u>8/29/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 31, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Whitewater Presbyterian</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co., Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-6-56</u>		REGISTRAR'S SIGNATURE <u>Josef Zollner</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Young & Sons Coryville Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 27 1956

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 *Walter Young*.....

Licensed Embalmer No. *402*.....

P. O. Address *Perryville*.....

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.