

FILED SEP 10 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

29048

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Moberly Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wabash Hospital		Length of stay in lb 2 day	d. STREET ADDRESS (If outside, give location) 704 Cleveland Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CORTNEY Middle LEE Last FELAND			4. DATE OF DEATH Month Sept. Day 3, Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 6, 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section Laborer, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Wabash RR Company	11. BIRTHPLACE (City and state or country) Randolph Mo	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Courtney Lee Feland Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mesenteric Thrombosis, with gangrene of the ascending, transverse and part of the descending colon, with perforation and generalized peritonitis.		INTERVAL BETWEEN ONSET AND DEATH About 24 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (c) Hypertensive Cardiovascular Disease		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 4:30 Month 3 Day 3 Year 1957 a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Sept. 2, 1957** to **Sept. 3, 1957** and last saw ~~him~~ ^{her} alive on **Sept. 3, 1957**
Death occurred at **9:38 P. M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE K. McMurtry, M.D. (Degrees or title) Surgeon in Charge	22b. ADDRESS Wabash Employes' Hospital Moberly, Missouri	22c. DATE SIGNED 9/4/57
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 9/5/57	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill	23d. LOCATION (City, town, or county) (State) Madison Mo
24. FUNERAL DIRECTOR Fred A Thompson ADDRESS Madison, Mo		25. DATE RECD. BY LOCAL REG. Sept 5, 1957	26. REGISTRAR'S SIGNATURE Leah Loue

(Licensed Embalmer's Statement on Reverse Side)

1951 OCT 8 120

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 *Wm Fred A. K...*

Licensed Embalmer No. *3*

P. O. Address *Madison*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.