

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008601

STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 47 Primary Registration District No. 2008 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>200 Nichols St.</u>			Length of stay in 1b <u>life</u>		d. STREET ADDRESS <u>200 Nichols</u> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <u>Nelson</u> <i>First</i> <u>William</u> <i>Middle</i> <u>Felkner</u> <i>Last</i>				4. DATE OF DEATH <u>March 27, 1959</u> <i>Month Day Year</i>										
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec. 29, 1925</u>		9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>common Labor</u>		11. BIRTHPLACE (City and state or country) <u>Callaway County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>Ruben Felkner</u>						14. MOTHER'S MAIDEN NAME <u>Dora May Wallace</u>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Mrs. Nelson Felkner, Fulton, Mo.</u> <i>Address</i>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Death due to natural causes, according to the investigation made by Coroner</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>to the investigation made by Coroner</u> DUE TO (c) <u>Denzil C. Browning</u>										INTERVAL BETWEEN ONSET AND DEATH <u>7954</u>				
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 <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>														
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 <u> </u> to <u> </u> and last saw her alive on <u> </u> . Death occurred at <u>1:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.</u>														
22a. SIGNATURE <u>Maretha Lawrence Registrar</u> (Degree or title)								22b. ADDRESS <u>Fulton, Mo</u>				22c. DATE SIGNED <u>March 28, 1959</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE <u>Mar. 28, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Memorial Gardens, Fulton, Mo.</u>				23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR <u>Mauspin Funeral Home, Fulton, Mo</u> ADDRESS					25. DATE RECD. BY LOCAL REG. <u>March 28-1959</u>			26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>						

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Marshall C. Blackwell*

Licensed Embalmer No. *47*

P. O. Address *Fulton*

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.