

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013689

Registration District No. 150 Primary Registration District No. 5372 STATE FILE NUMBER 106

FILED MAY 8 1959

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie		c. CITY OR TOWN Independence ⁷⁰⁰⁵	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson Co. Hosp.		d. STREET ADDRESS 145 E. Kansas	
Length of stay in 1b 3 mos.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) MISS LOTTIE CATHERINE LOUISE FEHRMAN	4. DATE OF DEATH Month April Day 26 Year 1959
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 22, 1883	9. AGE (In years last birthday) 75	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Independence, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Louis F. Fehrman	13b. MOTHER'S MAIDEN NAME Christine Helmig	14. NAME OF HUSBAND OR WIFE --
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 95-03-7036	17. INFORMANT Carl Zumwalt, Indep., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-Sclerotic heart disease DUE TO (b) Generalized arterio-sclerosis DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH 4200
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.
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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 Indep., Mo.	COUNTY	STATE
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21. I attended the deceased from 9-1-59 to 4-26-59 and last saw her ^{him} alive on 4-25-59 Death occurred at 9:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stacy Paper M. D. (Degree title)	22b. ADDRESS Leis Summit, Mo	22c. DATE SIGNED 4/27/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 28, 1959	23c. NAME OF CEMETERY OR CREMATORY Woodlawn	23d. LOCATION (City, town, or county) (State) Indep., Mo.
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24. FUNERAL DIRECTOR OTT & MITCHELL, Indep., Mo.	25. DATE RECD. BY LOCAL REG. 4-27-1959	26. REGISTRAR'S SIGNATURE M. B. Longford
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Henry J. Mitchel*

Licensed Embalmer No. *3925*

P. O. Address. *San Diego, Cal.*

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.