IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS APR 12 1960

60-010149
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5162 Registrar's No. 107

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Cleveland Twp
Length of stay in 1b: 12 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Callaway
c. CITY OR TOWN Columbia
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.F.D.# 6
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Emmett Middle: Franklin Last: Felkner
4. DATE OF DEATH Month: April Day: 3 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/13/1892
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Callaway Co, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Felkner
13b. MOTHER'S MAIDEN NAME: Ruey Brewer
14. NAME OF HUSBAND OR WIFE: None
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.: 487-40-8590
17. INFORMANT: V. O. Felkner, R#6 Columbia, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound in Right temple area
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Self inflicted
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Same as above 18 part one
20c. TIME OF INJURY Hour: about 7 a.m. p.m. Month, Day, Year: 4/3/60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: Rural Cleveland Twp, COUNTY: Callaway STATE: M

21. I attended the deceased from About 7;00 A.M., to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE: Dezil C. Browning (Degree or title) coroner
22b. ADDRESS: Fulton, Mo.
22c. DATE SIGNED: 4-4-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Apr, 5, 1960
23c. NAME OF CEMETERY OR CREMATORY: Callaway Memorial Gardens
23d. LOCATION (City, town, or county) (State): Fulton Mo
24. FUNERAL DIRECTOR: Wallace Funeral Home ADDRESS: Fulton, Mo
25. DATE RECD. BY LOCAL REG.: April 4 - 1960
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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