

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**60-014645**

FILED VS MAY 2 1960

82

3017

73

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|   |                            |   |   |
|---|----------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cooper</u>  |                            | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u>                         |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Boonville</u>                                 |                            | Length of stay in lb<br><u>2 weeks</u>  | c. CITY OR TOWN <u>Pilot Grove</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u>                |                            | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>7 miles W of P. G.</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>FLORENCE-MARY-FELTEN</u>                               |                            |   | 4. DATE OF DEATH<br>Month Day Year<br><u>April 24, 1960</u>   |
| 5. SEX <u>Fe</u>  | 6. COLOR OR RACE <u>wh</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb 22, 1897</u>  |
| 9. AGE (last birthday) <u>63</u>  |                            | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____   | IF UNDER 24 HR<br>Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>       |                            | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>same</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Clear Creek, Mo</u>  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A</u>   |                            | 13a. FATHER'S NAME <u>Henry Klaus</u>   |   |
| 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wessing Bestram Felten</u>   |                            | 14. NAME OF HUSBAND OR WIFE <u>Berttram Felten</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |                            | 16. SOCIAL SECURITY NO. _____   |   |
| 17. INFORMANT <u>Berttram Felten</u>  |                            | Address <u>Pilot Grove, Mo</u>  |   |

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Int ventricle Cardiac Decompenation</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>36 hr</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <u>Arrhythmia Flutter -</u>           | <u>40 hr -</u>                                   |
|  | DUE TO (c) <u>Chronic Coronary Heart Disease</u> | <u>?</u>   |

|   |  |  |  |
|---|--|--|--|
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|---|--|--|--|

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>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.) |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____                    |   |  |  |

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Feb 1960</u> to <u>24 April 1960</u> and last saw her/him alive on <u>24 April 1960</u> .<br>Death occurred at <u>1:04 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |                              |        |       |

|   |                          |  |  |                                 |
|---|--------------------------|--|--|---------------------------------|
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Funeral M.D.</u> |                          | 22b. ADDRESS <u>Pilot Grove, Mo</u>                      |  | 22c. DATE SIGNED <u>4-25-60</u> |
| 23a. BURIAL OR REMOVAL (Specify)  | 23b. DATE <u>4/26/60</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Ceme</u> | 23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u> |                                 |
| 24. FUNERAL DIRECTOR <u>Harry Lanter</u> ADDRESS <u>Pilot Grove, Mo</u> |                          | 25. DATE RECD. BY LOCAL REG. <u>4/26/60</u>              | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u>                         |                                 |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1961

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 406

P. O. Address Pilot Grove

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.