

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-025637

FILED VS JUL 25 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 215

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville			Length of stay in 1b 33 yrs		c. CITY OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Osteopathic				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1023 W. Gardner	
3. NAME OF DECEASED (Type or print) First Middle Last William Ross Feters				4. DATE OF DEATH Month Day Year July 20 1960			
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 12/29/88	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker-Salesman		10b. KIND OF BUSINESS OR INDUSTRY R. Green Seed Co.		11. BIRTHPLACE (City and state or country) Sullivan Co. Mo.		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME William Henry Feters			13b. MOTHER'S MAIDEN NAME Kathern Virginia Grimm			14. NAME OF HUSBAND OR WIFE Mildred	
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. 490-10-7292A		17. INFORMANT Address Mildred Feters, Kirksville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Collapse						INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs.	
DUE TO (b) Posterior-Inferior Myocardial Infarction						27 hrs	
DUE TO (c) with extension involving Interventricular Septum						3 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
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.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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 18 July 1960 to 20 July 1960 and last saw ^{her} him alive on 19 July 1960 Death occurred at 1:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Clara A. Rohweder MD.				22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 7-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/23/60		23c. NAME OF CEMETERY OR CREMATORIUM LaPlata		23d. LOCATION (City, town, or county) (State) LaPlata, Macon, Mo.	
24. FUNERAL DIRECTOR Foster Memorial Home, Kirksville, Mo.				25. DATE RECD. BY LOCAL REG. 7-21-1960		REGISTRAR'S SIGNATURE Doris W. Gatliff	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 27 1960

CLAU S
A. ROHWEDER, D.D.

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

Nova E. Foster
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirksville, M

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.