MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

-60-047057
STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 254

DED

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rolla — Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Phelps County Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Dixon — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: James Middle: Thomas Last: Felkerson

4. DATE OF DEATH: Month: 12 Day: 24 Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 8/11/1873
9. AGE (last birthday): 87
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): Farming Retired
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Maries County, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Dave Felkerson
13b. MOTHER'S MAIDEN NAME: Margaret Rigsby
14. NAME OF HUSBAND OR WIFE: Martha Felkerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Address: Mr. Wade Felkerson, Dixon, Missouri

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): Gastroenteritis — INTERVAL BETWEEN ONSET AND DEATH: 10 - 12 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Uremia
DUE TO (c): ASHD with left ventricular failure & old infarction.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Anemia Malnutrition Senility

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 12/19/60, to 12/24/60 and last saw ~~her~~ him alive on 12/23/60.
Death occurred at 1:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert B. Young, M. D.
22b. ADDRESS: Rolla, Mo
22c. DATE SIGNED: 12/27/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/26/1960
23c. NAME OF CEMETERY OR CREMATORY: Dixon Cemetery
23d. LOCATION (City, town, or county) (State): Dixon, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gilbert Funeral Home, Inc., Dixon, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 26, 1960
26. REGISTRAR'S SIGNATURE: Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Maurice E. Schierbau

Signature of Student Embalmer

Licensed Embalmer No. 4505

P. O. Address Dixon, Missour

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