

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002563

FILED VS JAN 12 1961

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 1

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Pike</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green</u>		Length of stay in 1b		c. CITY OR TOWN <u>Bowling Green</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD #4</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD #4</u>	
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>Gay</u> Last <u>Feather</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>6</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-1-91</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>bridge constr.</u>		11. BIRTHPLACE (City and state or country) <u>Preston County, W. Va.</u>	
12. CITIZEN OF WHAT COUNTRY <u>US</u>		13a. FATHER'S NAME <u>Amos J. Feather</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jane Harring</u>	
14. NAME OF HUSBAND OR WIFE <u>Elizabeth Feather</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>NO</u>			
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Elizabeth Feather, Bowling Green</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sun shot wound in head</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>subject was getting through a fence while</u>			
20c. TIME OF INJURY Hour <u>2:30</u> Month, Day, Year <u>Jan 6-61</u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>hunting with 12 GA shotgun discharged striking him in the head.</u>				
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		20f. CITY, TOWN, OR LOCATION <u>Bowling Green</u>		COUNTY <u>Pike</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>2:30 P</u> to <u>how dead Jan 6</u> Death occurred at <u>2:30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. O. Mudd Coroner</u>			22b. ADDRESS <u>Bowling Green, Mo</u>		22c. DATE SIGNED <u>Jan 6-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-8-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah</u>		23d. LOCATION (City, town, or county) <u>Bowling Green, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>J. O. Mudd Bowling Green, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN. 9, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Maidee C. Williams</u>	

KS  
MAY 10 1962

**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 James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Baileys Green

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.