MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007769
STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 134

FILED APR 4 1961

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff
Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff, Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler
c. CITY OR TOWN Poplar Bluff
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Riley Middle: Last: Feltner
4. DATE OF DEATH Month: March Day: 18 Year: 1961
5. SEX: male
6. COLOR OR RACE: cauc.
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH: 4/28/1888
9. AGE (last birthday): 72
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): shoe maker
10b. KIND OF BUSINESS OR INDUSTRY: shoemaking
11. BIRTHPLACE (City and state or country): Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Joe Feltner
13b. MOTHER'S MAIDEN NAME: Sara h Moggard
14. NAME OF HUSBAND OR WIFE: divorced
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes, WW I (If yes, give war or dates of service)
17. INFORMANT: Mrs Lillian Farris, Jennings, Mo Address

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebro Vascular accident ? ?
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. ☐ 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.)
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 March 12 1961 to March 16 1961 and last saw her/him alive on March 18 1961
Death occurred at 5:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE SB Owens MD (Degree or title)
22b. ADDRESS Poplar Bluff Hosp
22c. DATE SIGNED 3/21/61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/20/1961
23c. NAME OF CEMETERY OR CREMATORY: Lick Creek Cemetery
23d. LOCATION (City, town, or county) (State): Bloomfield, Mo Route 1

24. FUNERAL DIRECTOR: Watkins & Sons ADDRESS: Bloomfield, Mo
25. DATE RECD. BY LOCAL REG.: 3/22/61
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 _____

Licensed Embalmer No. 4964

P. O. Address _____

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.