

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-012333
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 57

AMENDED
 DATE AWARDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 INSTEAD OF

FILED APR 11 1967

1. PLACE OF DEATH
 a. COUNTY **Vernon**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Nevada** Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Nevada Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Vernon**
 c. CITY OR TOWN **Bronaugh** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **General Delivery** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
NELLIE BEATRICE FELLER **March 30 1961**

5. SEX **F** 6. COLOR OR RACE **Wh** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-30-1895** 9. AGE (last birthday) **65** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own home** 11. BIRTHPLACE (City and state or country) **Iowa** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Henry Smith** 13b. MOTHER'S MAIDEN NAME **Mary Jana Edwards** 14. NAME OF HUSBAND OR WIFE **March 20, Otto E. Feller, Deceased '61**

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. **unknown** 17. INFORMANT **Wynona Shaw -Bronaugh, Missouri.** Address

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 anterior coronary infarction** INTERVAL BETWEEN ONSET AND DEATH **9 hrs.**
 DUE TO (b) **Moderate arteriosclerosis, obesity**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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 30, 1961** to **March 30, 1961** and last saw her ^{her} ~~him~~ alive on **March 30, 1961**
 Death occurred at **Nevada, Missouri** **8:45 A.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **[Signature]** 22b. ADDRESS **Moore Bldg., Nevada, Missouri** 22c. DATE SIGNED **4/3/1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-1-1961** 23c. NAME OF CEMETERY OR CREMATORY **Worsley Cemetary** 23d. LOCATION (City, town, or county) (State) **Bronaugh Missouri**

24. FUNERAL DIRECTOR **Ferry Funeral Home** ADDRESS **Nevada, Missouri** 25. DATE RECD. BY LOCAL REG. **4-8-1961** 26. REGISTRAR'S SIGNATURE **[Signature]**

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 *S. Douglas Perry*

Licensed Embalmer No. 4960

P. O. Address Memphis, TN

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.