

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036319

STATE FILE NUMBER

AMENDED

FILED OCT 26 1961

Primary Registration District No. 3015 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cameron</b>	Length of stay in lb <b>14 Days</b>	c. CITY OR TOWN <b>Gallatin</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cameron Community Hosp.</b>		d. STREET ADDRESS <b>---</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Numa</b> Middle <b>Frances</b> Last <b>Feurt</b>	4. DATE OF DEATH Month <b>October</b> Day <b>12</b> Year <b>1961</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-23-1882</b>	9. AGE (last birthday) <b>79</b>	IF UNDER 1 YEAR Months <b>79</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Bancroft, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Moses G. Netherton</b>	13b. MOTHER'S MAIDEN NAME <b>Almira C. Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Homer Feurt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>823 South Boulder Mrs. Frances Manning Tulsa, Okla.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Atherosclerosis (Senile)</b>		<b>15 yrs.</b>
	DUE TO (c) <b>Fracture R. Humerus</b>		<b>2 wks</b>
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.) <b>Fell at her home</b>
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20c. TIME OF INJURY Hour <b>4:00</b> a.m. <b>Sept 29, 61</b> Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>at her home</b>	20f. CITY, TOWN, OR LOCATION <b>Gallatin, Daviess, Mo.</b>	COUNTY <b>Daviess</b> STATE <b>Mo.</b>
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21. I attended the deceased from <b>Sept. 29, 61</b> to <b>10-12-61</b> and last saw her <b>her</b> narrative on <b>10-12-61</b>	Death occurred at <b>2:15 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Floyd E. Nelson</b> (Degree or title)	22b. ADDRESS <b>Gallatin Mo.</b>	22c. DATE SIGNED <b>10-12-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-14-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Gallatin, Mo.</b>
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PUNERAL DIRECTOR <b>Hope Funeral Home, Gallatin, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Oct 15 1961</b>	26. REGISTRAR'S SIGNATURE <b>Francis D Crawford</b>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 23 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

*L. O. Dickerson*

Licensed Embalmer No. 3302

P. O. Address Fallston, Md.

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.