MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-044197
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10663

FILED NOV 19 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2 8410 28 X
3
4 0
5 1
6
7 1
8 1
9
10
11
12 62-0
13

62

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Tenn. b. COUNTY Shelby

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) City of St. Louis — Length of stay in 1b 26 days

c. CITY OR TOWN Memphis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Frisco Employees Hosp. Assn — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1691 Glenview — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ernest Middle Clifford Last Felts

4. DATE OF DEATH Month Nov. Day 6, Year 1962

5. SEX Male

6. COLOR OR RACE White

7. X Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Mar. 18, 1878

9. AGE (last birthday) 84 yr — 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) Retired Locomotive Engineer

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Henning, Tenn

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME William Felts

13b. MOTHER'S MAIDEN NAME — — Henning

14. NAME OF HUSBAND OR WIFE Myrtle Weatherly Plemons

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.

17. INFORMANT Wife — Address Same

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) Metastatic Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH 26 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 1551

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 Oct 11, 1962, to Nov. 6, 1962 and last saw him alive on Nov. 5, 1962
Death occurred at 1:50 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Norman C. Miller MD

22b. ADDRESS 4960 Laclede Ave

22c. DATE SIGNED 11-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11-7-62

23c. NAME OF CEMETERY OR CREMATORY Local

23d. LOCATION (City, town, or county) (State) Memphis, Tenn.

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington, Blvd.

25. DATE RECD. BY LOCAL REG. NOV 7 1962

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

JAN 15 1963

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.