MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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VS 300 Rev. 4/59 10 4 5	DO NOT WRITE		AMEND	ED	1			
No. Solo Boy County Henry sedmission) A. COUNTY Henry Sedmission County County Sed No. County Henry Sedmission County Sed No. County Henry Sed No. County Henry Sed No. County Henry Sed No. County Sed		-			-	1. PLACE OF DEATH WAY 1967 2. USUAL RESIDENCE (Where deceased		tesidence before
MCSPITAL OR NOTE	VS 300	l a				a. COUNTY b. COUNTY	Henry	admission)
MCSPITAL OR NOTE	Rev. 4/59	ᄝ				b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY		Inside Limits
MCSPITAL OR NOTE	,	¥			ı	Tourn I tourn Clinton		Yes 🛣 No 🗆
NSTITUTION Clinton General Yes & No 124 E. Jetterson Yes No 3 Name of Deceased First Middle No No No No No No No N	10425			1	ı	c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outsid		Reside on Farm
3 NAME OF DECEASED FIRST (NONE) FELLHAUER 4. DATE OF A POID 1. Day, 1967 Year (Uppe or print) LEE (NONE) FELLHAUER 0. DATE OF A POID 1. Day, 1967 Year (Uppe or print) LEE (NONE) FELLHAUER 0. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Windowed 1. Divorced 1. 3. 28 / 90 77 Months Days Hours Minn. 3/28/90 77 Months Days Hours Minn. Months Days Hours Minn. 3/28/90 77 Months Days Hours Minn. Months Days Hours Minn. 1. Days Months Malben Name Springfield No. Name of unstanding most of working life, even if retired) 1. Days Months Malben Name Springfield No. Name Of Husband Or Wife Alonzo Y. Braadenburg Elizabeth Layton Leo Fellhauer (Deceased Alonzo Y. State William Months Days Wife Alonzo Y. Days Months Months Months Days Wife Alonzo Y. Days Months Months Months Months Days Wife Alonzo Y. No. Conditions, if any, which gaves rise to stating the underly life (a), (b), and (c). 10	20-15				ı		fferson	Yes □ No 🕮
Condition, if any, which gave rise to below ease (a), the first of solution of the state of service (a) and the state of service (b) and the state of service (b) and the state of service (c) and the state of service (1/2	卢		Н			Month Day	Year
5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (list birthday) IF UNDER 1 YEAR IF UNDER 24 HR Wirdowed 10. UNIDATE 10. USUAL OCCUPATION (give kind of work done during most of working life, even if refired) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 13. MAND OR WIFE 13. MAND OR WIFE 13. MAND OR WIFE 13. MAND OR WIFE 14. NAME OF HUSBAND OR WIFE 13. MAND EASTED 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c). 19. MAND OR WIFE 19. MAND OR WI	3				ı		ril 21, 19	<i>3</i> 67 [™]
Female Winite Widowed 1 3/28/90 77 North Days Hours Min.	4 /				ı		V) I I UNDER 1 YEAR	IF UNDER 24 HR
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during most of working life, even if retired) Athore 13b. Mothers Maiden Name 14 Name of Husband Or Wife 13b. Mothers Maiden Name 14 Name of Husband Or Wife 15 Name of Husband Or Wife 15 Name of Husband Or Wife 16 Name of Husband Or Wife 17 Name of Husband Or Wife 18 Name of Husband O	3)				ı	remare 11120 1728/90 //	y) 12. CITIZEN OF	WHAT COUNTRY
8 3 9 33/X 3	6	٤			ı	during most of working life, even if retired)		
8 3 9 33/X 3	7 /	<u>3</u>			1	13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 11. NAME (F HUSBAND OR WIFE	<u> </u>
8 3 9 33/X 3	<i>'O</i>	5			ı	Alongo Y. Brandenburg Elizabeth Layton Leo F	ellhauer(Deceased
Not known Family records INTERVAL BETWEEN ONSET AND DEATH	8 "Y	- 1			1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT		<u> </u>
10	000111	` I				(Yes, no, or unknown) (If yes, give war or dates of service)		
which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days. PERFORMED? YES NO 20c. TIME OF Hour Month, Day, Year INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE farm, factory, street, office bidg., etc.)	· · ·			<u> </u>	- I		INI	ERVAL BETWEEN
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown	10 / 1	핅			8	Conditions, if any,) DUE TO (b)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown	12/-0	ΣΙΕ̈́			ı	which gave rise to		
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20c. TIME OF Hour Month, Day, Year NJURY a.m. p.m. 20d. INJURY OCCURRED STATE Farm, factory, street, office bidg., etc.)	ŧ	1				disease condition given in PART I (a)	·	
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20d. INJURY OCCURRED WHILE AT WORK The farm, factory, street, office bidg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE WHILE AT WORK The farm, factory, street, office bidg., etc.)	_	Ž			ı			
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WHILE AT WORK farm, factory, street, office bldg., etc.) 21. I attended the deceased from 1960 , to 4-91-67 and lest saw him alive on 4-21-67 Death occurred at 220. SIGNATURE (Degree or sittle) 1 22b. ADDRESS 22c. DATE SIGNED	芝					20d INHIRY OCCURRED 20e, PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from 1960, to 4-91-67 and last saw Rim alive on 4-21-67 Death occurred at 2:50 pm on the date stated above, and to the best of my knowledge, from the causes stated. 22a. SIGNATURE (Degree or sittle) 22b. ADDRESS 22b. ADDRESS 22c. DATE SIGNED	→ ≥	1				WHILE AT WORK farm, factory, street, office bldg., etc.)		
21. I attended the deceased from	걸었器	9					4-71-	1.7
Death occurred at	_ ₹ 0 E	21. I attended the deceased from 700, to 700 and lest saw him alive on						
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23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 4/24/67 Englewood Clinton, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		0		+	ă	PERIONAL (C(E.)		,
REMOVAL (Specify) Burial 4/24/67 Englewood Clinton, Missouri 25. Date RECO. By Local Reg. 26. REGISTRAR'S SIGNATURE A		ž						
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E E Consalus Clinton, Mo. Chicago Embalmer's Statement on Reverse Side)		ļ <u>-</u>						- gum

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.	$\Omega \cap \Omega$
Student	Signed argen W. Conselar
Signature of Student Embalmer	Signed England R. Conselandon Licensed Embalmer No. 4680. P. O. Address Clinton Mo.

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.