

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **38866**

FILED NOV 30 1953

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <b>2414</b>		
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLINTON</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>CLINTON</b>		0422		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CLINTON General</b>				d. STREET ADDRESS (If rural, give location) <b>NORTH Water St</b>				
3. NAME OF DECEASED (Type or Print) <b>Gertrude</b>			a. (First)		b. (Middle)		c. (Last) <b>Felber</b>	
4. DATE OF DEATH <b>11-19-1953</b>		(Month) (Day) (Year)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>WHITE</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>2-20-1890</b>		9. AGE (In years last birthday) <b>63</b>		if UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John White</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Fred Felber</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Fred Felber</b> ADDRESS <b>Clinton Mo</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PNEUMONIA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>MYOCARDITIS</b> <b>CARCINOMA COLON</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>  <b>3 YR.</b> <b>3 YR.</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>493X H</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT SUICIDE -HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19 <b>49</b> , to <b>NOV. 19, 1953</b> , that I last saw the deceased alive on <b>NOV. 19, 1953</b> , and that death occurred at <b>10:50 am.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Hugh B. Walker, MD</b> (Degree or title)				23b. ADDRESS <b>Clinton, Mo</b>		23c. DATE SIGNED <b>20 NOV. 1953</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11-22-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Englewood cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>		
DATE REC'D BY LOCAL REG. <b>NOV-22-53</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sickman-Danning</b>		ADDRESS <b>Clinton Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 .....  
Student Embalmer

Signed Robert L Dunning

Licensed Embalmer No. 4910

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 this body is not embalmed, fact should be so stated above.