

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

MAY 11 1965
 Registration District No. 3023 Registrar's No. 0015327 STATE FILE NUMBER

VS 300 Rev. 4/59
 1 0425
 2 0425
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 4 2
 5 1
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 7 1
 8 10
 9 1/20.1
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 12 90-2
 13 1-0

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived, or institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in lb <u>yes</u>	c. CITY OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>807 N Main</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>807 N Main</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HARLEY E FEUEL</u>			4. DATE OF DEATH Month Day Year <u>5 - 2 1965</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/2/1893</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days <u>7 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Charles E Feuel</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca J Danner</u>		14. NAME OF HUSBAND OR WIFE <u>Theresa Feuel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-05-8189</u>	17. INFORMANT Address <u>Theresa Feuel Clinton Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Medullary paralysis</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u>					<u>None</u>
DUE TO (c) <u>Acute Myocardial Infarction 1 hr</u>					
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 type="checkbox"/>	20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>3/8/65</u> to <u>5/2/65</u> and last saw her alive on <u>5/1/65</u> . Death occurred at <u>10:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. C. Cloward</u>			22b. ADDRESS <u>105. Echols Clinton Mo</u>		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5/5/65</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		23d. LOCATION (City, town, or county) (State) <u>Clinton Mo.</u>	
24. FUNERAL DIRECTOR <u>Solberg Funeral Home</u> Address <u>Clinton, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>5-5-65</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Begins</u> <u>(MBS)</u>		

USE BLACK INK OR TYPEWRITER RIBBON

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 F. J. Schobert

Licensed Embalmer No. 4513

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.

Permit Obtained 5-5-65

(Handwritten initials)