

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0019398
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 741

FILED JUN 15 1965

VS 300
Rev. 4/59

1 0425
2 0425
3
4 2
5 1
6
7 0
8 2
9 420.1
10
11
12 91-2
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 (When deceased lived in institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		c. CITY OR TOWN <u>Clinton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>806 N Washington</u>		d. STREET ADDRESS (If outside, give location) <u>806 N. Washington</u>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Herbert</u> Last <u>Fewell</u>		4. DATE OF DEATH Month <u>June</u> Day <u>8</u> Year <u>1965</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>Negro</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>3/7/1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER - Retired</u>		11. BIRTHPLACE (City and state or country) <u>Mo U.S.A</u>	
13a. FATHER'S NAME <u>Leonard Fewell</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Sweate Fewell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>		17. INFORMANT <u>Alice Sweate Fewell</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> DUE TO (b) <u>Acute Myocardial Insufficiency</u> DUE TO (c) <u>Acute Coronary Artery Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>8 hours</u> <u>8 hours</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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>4-1-65</u> to <u>6-8-65</u> and last saw ^{her} _{him} alive on <u>6-8-65</u> Death occurred at <u>5:00 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clinton L. Glassy D.O.</u>		22b. ADDRESS <u>Clinton Mo.</u>	
22c. DATE SIGNED <u>6/10/65</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-12-65</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
24. FUNERAL DIRECTOR <u>F. Schaberg</u>		25. DATE RECD. BY LOCAL REG. <u>June 10, 65</u>	
ADDRESS <u>S. Second St</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Begins</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

CLINTON MO (Licensed Embalmer's Statement on Reverse Side)

(MFB)

JUN 18 1965

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 RR Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton ms

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 6-10-65 (MS)