

FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

16325

Do not use this space.

## 1. PLACE OF DEATH

(a) County SullivanRegistration District No. 853(b) Township WalkPrimary Registration District No. 6130(c) City Melan

(d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

(If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFWalter Zichon Fejston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 27, 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.65168. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupationHousewife12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Sullivan Co. Mo.

13. NAME

James Lindley Hollen14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Sullivan Co. Mo.

15. MAIDEN NAME

Malinda Hawkins16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Sullivan Co. Mo.17. INFORMANT  
(ADDRESS)Walter Zichon Fejston  
Melan, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oakwood DATE 4-14 194019. FUNERAL DIRECTOR (NAME)  
(ADDRESS)Walter Zichon Fejston  
Melan, Mo.20. FILED Apr 15, 1940C. Leo Hagan  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from

April 12, 1940 to April 13, 1940I last saw her alive on April 13, 1940 Death is saidto have occurred on the date stated above, at 12:15 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

4-12-40

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Walter Zichon Fejston M. D.(Address) Melan, Mo.

RECEIVED

District Health Officer No. 10

District File Number F-40-1013

Date Filed MAY 14 1940

**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**