

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 80

FILED AUG 2 1945  
Registration District No. 5308-5310

Primary Registration District No. 5308-5310

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

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Rural Lamine Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days) 76 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Lamine Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY-THERESA FEITEN  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1945 hour 6 minute 39 M.  
21. I hereby certify that I attended the deceased from July 22  
1945 to July 24, 1945  
that I last saw her alive on July 24, 1945  
and that death occurred on the date and hour stated above.

4. Sex Fem. 5. Color or race W  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Herman Felton  
6. (c) Age of husband or wife if deceased deceased years  
7. Birth date of deceased: Mar - 1 - 1869  
(Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage Duration 3 days

8. AGE: Years 76 Months 4 Days 3 If less than one day ✓  
hr. ✓ min. ✓

Due to hypertension  
Due to Arteriosclerosis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: gms  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace: Coochea Mill Mo  
(City, town or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name W. T. Nelson  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2

16. (a) Informant Herman Felton  
(b) Address Boonville Mo

17. (a) Rural (b) Date thereof 7-27-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Martin's Cem.

18. (a) Signature of funeral director Hays & Painter  
(b) Address Pilot Grove Mo

19. (a) 7-26-45 (b) Dr. Chas. Swapi  
(Date received local registrar) (Registrar's signature)

23. Signature CR Eggleston (M. D. or other) MD  
Address Pilot Grove, Mo Date signed 7/25/45

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-1-45

AUG 22 1945

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

Signed Rayton E. Mayo

Licensed Embalmer No. 30774

P. O. Address Gilbert Avenue, 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.