No. 300
10.48

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23961

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEXINGTON
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1707 FRANKLIN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEXINGTON
d. STREET ADDRESS (If rural, give location): 1717 FRANKLIN

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): STALLING
c. (Last): FEGERT

4. DATE OF DEATH (Month) (Day) (Year): 7/7/1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 1/24/1892
9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months: 5 Days: 13
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LEXINGTON MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DEETRICK STALLING
13b. MOTHER'S MAIDEN NAME: AMELIA BETTIEN
14. NAME OF HUSBAND OR WIFE: ERNEST J. FEGERT

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: MRS ADELADE SCHOLL
ADDRESS: TOPEKA KAN.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia Cardiac & Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Valvular Disease heart — 15 years
DUE TO (c) Chronic Nephritis — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
593A

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 15 years, 19__, *to* _____, 19__, *that I last saw the deceased alive on* July 3, 1949, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title):
23b. ADDRESS: Lexington Mo
23c. DATE SIGNED: 7/8/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7/9/1949
24c. NAME OF CEMETERY OR CREMATORY: MACHPELAH
24d. LOCATION (City, town, or county) (State): LEXINGTON, MO

DATE REC'D BY LOCAL REG.: 7/18/49
REGISTRAR'S SIGNATURE: [illegible] 156
25. FUNERAL DIRECTOR'S SIGNATURE: FORREST F. TEMPEL
ADDRESS: LEX. MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 23
District Health Officer No. 8,
District File Number
Date Filed 7-23-49

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 Leo McKean

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.