

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24042**

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BIRTH NO.		REG. DIST. NO. <b>187</b>	PRIMARY REG. DIST. NO. <b>3040</b>	Registrar's No. <b>94</b>
1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <b>Chillicothe</b> <b>5 1/2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sisters of St. Francis Academy</b>		d. STREET ADDRESS (If rural, give location) <b>1200 Vine</b>		
3. NAME OF DECEASED a. (First) <b>M. M. Pia</b> b. (Middle) <b>Feichtenschlager</b> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>July 22 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 25 1876</b>	9. AGE (In years last birthday) <b>73</b> 5 27 If under 1 year: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Catholic Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Austria</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Joseph Feichtenschlager</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Schraetjinger</b>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Sister M. Cox cardiac</b> <b>Chillicothe, Mo.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Auricular Fibrillation</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		DUE TO (c)		<b>10 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>4351</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3 P.</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Joseph A. Conrad MD</b>		23b. ADDRESS <b>Chillicothe, Mo.</b>		23c. DATE SIGNED <b>July 25 49</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 25 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Catholic</b>	24d. LOCATION (City, town, or county) (State) <b>Chillicothe, Mo.</b>
DATE REC'D BY LOCAL REG. <b>July-25-49</b>		REGISTRAR'S SIGNATURE <b>Francis B. Nalley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Donald Gordon</b> ADDRESS <b>Chillicothe, Mo.</b>

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



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**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 Donald Jordan

Licensed Embalmer No. 4191

P. O. Address Chillicothe 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.