

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24494**

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 282

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. LENGTH OF STAY (In this place) 10 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FARMINGTON		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) AMANDA LARBY FEEZOR			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH AUG 1 1949			(Month)	(Day)	(Year)
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	8. DATE OF BIRTH SEPT 22 1887	9. AGE (In years last birthday) 61	10. IF UNDER 1 YEAR 10 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BONNE TERRE MO U.S.A.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME JACOB LARBY		13b. MOTHER'S MAIDEN NAME CORDELLIA BURGESS		14. NAME OF HUSBAND OR WIFE LUTHER FEEZOR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Luther Feezor, Farmington Mo		
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aneurysm of aortic arch ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Arterial hypertension				INTERVAL BETWEEN ONSET AND DEATH 8 da. 24 years 6 mos. 7 2 2 X
19a. DATE OF OPERATION	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19b. MAJOR FINDINGS OF OPERATION Granulation of arch of aorta	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 <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 <u>July 24, 1949</u> to <u>Aug. 1, 1949</u> , that I last saw the deceased alive on <u>Aug 1, 1949</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE D. J. Reo, L. H. Hattens, M.D., Farmington, Mo.			(Degree or title)	23b. ADDRESS	23c. DATE SIGNED 8-1-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 4 1949	24c. NAME OF CEMETERY OR CREMATORY Parkview Cem.	24d. LOCATION (City, town, or county) (State) near Farmington Mo		
DATE REC'D BY LOCAL REG. Aug. 3, 1949	REGISTRAR'S SIGNATURE Ethel R. ...	25. FUNERAL DIRECTOR'S SIGNATURE W. Cozear	ADDRESS Farmington, Mo.		

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

RECEIVED 8-10-49

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Health Officer No. 4

File Number 849-1063

Date filed _____

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 C. H. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington, Me

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.

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