

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30942

State File No.

FILED SEP 20 1949

No. 300
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5665</u>		Registrar's No. <u>84</u>		
I. PLACE OF DEATH a. COUNTY <u>LEWIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LEWIS</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>23 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Salem</u>		<u>56</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 miles East of Steffenville</u>				d. STREET ADDRESS (If rural, give location) <u>22 - E - STEFFENVILLE MO</u>				
3. NAME OF DECEASED (Type or Print) <u>John George FELDMAN</u>			a. (First) _____		b. (Middle) _____		c. (Last) _____	
4. DATE OF DEATH: <u>Sept 9 1949</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 24, 1879</u>		9. AGE (In years last birthday) <u>70</u>		if UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Lewis Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>LEWIS Feldman</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN Snyder</u>		14. NAME OF HUSBAND OR WIFE <u>LULA Feldman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>LULA FELSMAN - Steffenville</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u>		
		. ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4201</u>		
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 <u>Sept 2</u> , 19 <u>49</u> , to <u>Sept. 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 9</u> , 19 <u>49</u> , and that death occurred at <u>5:30 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>C. E. Shriver</u>		(Degree or title) <u>D. O.</u>		23b. ADDRESS <u>Philadelphia MO</u>		23c. DATE SIGNED <u>9-12-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Sept 12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Park</u>		24d. LOCATION (City, town, or county) (State) <u>2 miles East of Steffenville Lewis Co Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-15-49</u>		REGISTRAR'S SIGNATURE <u>P. H. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. O. Thomas</u>		ADDRESS <u>Ball</u>		

RECEIVED
SEP 19 1949
District Health Officer No. 10
District File Number 9-49-161
Date Filed SEP 19 1949

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.