

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33028

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1125

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>57 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2716 Duncan St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2716 Duncan St</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-12-49</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u>		b. (Middle) <u>Feiden</u>	
c. (Last) <u>Feiden</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	
8. DATE OF BIRTH <u>2-18-1892</u>		9. AGE (In years last birthday) <u>57</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Gustave Dorst</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lorenz</u>	
14. NAME OF HUSBAND OR WIFE <u>Peter Feiden</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. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. W. Feiden, 2716 Duncan, St. Joe, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH (a) <u>Adenocarcinoma of Sigmoid with general abd. Metastasis</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) <u>1</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION <u>As above. 1-8-48</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>L</u>		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>11-12, 1947</u> , to <u>10-12, 1949</u> , that I last saw the deceased alive on <u>10-12, 1949</u> , and that death occurred at <u>2:30A M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm B. Jenkins M.D.</u>		23b. ADDRESS <u>St. Joseph Mo 510 County Bldg</u>	
23c. DATE SIGNED <u>10-13-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-14-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barry Funeral Home, St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 18, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins 382</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address S.T. Joseph Mt.

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.