

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **233**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **110**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (If applicable) <b>30 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>29th &amp; Pear Sts.</b>		d. STREET ADDRESS (If rural, give location) <b>1009 Locust St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>A nna.</b> b. (Middle) <b>M</b> c. (Last) <b>Felling</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 18, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 9, 1900</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Adolph Koenig</b>		13b. MOTHER'S MAIDEN NAME <b>Selma</b>		14. NAME OF HUSBAND OR WIFE <b>Gerald W Felling</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY <b>491-09-6885</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gerald W Felling 1009 Locust</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>170X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Large tumor of both breasts</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

19a. DATE OF OPERATION <b>Oct 3 - 1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>Staled above</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **September 30, 1949**, to **January 18, 1950**, that I last saw the deceased alive on **January 18, 1950**, and that death occurred at **12:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Gustav J. Rose</b>		(Degree or title) <b>M.D. Kirkpatrick Bldg. St. Joseph, Mo.</b>		23b. ADDRESS		23c. DATE SIGNED <b>Jan. 21, 1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 21, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet Cemetery St. Joseph, Mo</b>		24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG <b>Feb. 3, 1950</b>		REGISTRAR'S SIGNATURE <b>G. C. Jenkins</b>		382		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Barry Funeral Home - St. Joseph, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

0117

**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.

Signed

*Charles M. Harman*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4487*

P. O. Address *St. Joseph*

**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.