

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1950

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>37</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		6013			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K. C. O. S. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>307 North Franklin Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>William</u>		c. (Last) <u>Felker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 6, 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>April 20, 1873</u>			
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months   Days		IF UNDER 4 HRS. Hours   Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter &amp; Plumber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Peter Felker</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Culler</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Mae Marks Felker</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 ADDRESS <u>Clara Ethel Tipple Kambach Ct. Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>				DUE TO (b) <u>Cerebral Hemorrhage</u>				<u>4 Days</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) <u>Cerebral Arteriosclerosis</u>				<u>4 Days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized Arteriosclerosis</u>								<u>Years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) <u>351A</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Feb. 3, 1950</u> , to <u>Feb. 6, 1950</u> , that I last saw the deceased alive on <u>Feb. 6, 1950</u> , and that death occurred at <u>6:20 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>M. T. Lambert, D.O.</u>				23b. ADDRESS <u>Kirksville Mo</u>		23c. DATE SIGNED <u>2-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo</u>			
DATE REC'D BY LOCAL REG. <u>2-9-50</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul M. Riley, Kirksville, Mo</u>				

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

Need for information

RECEIVED FEB 20 1950  
District Health Officer No.  
District File Number FEB 20 1950  
Date Filed 2-20-50

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.....

.....  
working under my personal supervision.

..... Student Embalmer No.....

Signed..... *Roy H. Mercer* .....

Signed.....  
Student Embalmer

..... Licensed Embalmer No. 4432 .....

..... P. O. Address Kirksville, 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.