

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41813

BIRTH NO.		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 5999		Registrar's No. 44		
1. PLACE OF DEATH a. COUNTY <u>Ralls</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spalding, Missouri</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Spalding, Missouri</u> 0870		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mara</u> b. (Middle) <u>Ann</u> c. (Last) <u>Feldkamp</u>			4. DATE OF DEATH <u>Nov. 30, 1950</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 18, 1885</u>		
9. AGE (In years last birthday) <u>65</u>		10. MONTHS <u>1</u>		11. DAYS <u>12</u>		12. HOURS <u></u> MIN. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Bell</u>			13b. MOTHER'S MAIDEN NAME <u>Amelia Mauker</u>			14. NAME OF HUSBAND OR WIFE <u>Barnie Feldkamp</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Barnie Feldkamp, Spalding, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Acute</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis Chronic</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>11 hours</u> <u>1 year</u> <u>1222</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>None</u>			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) 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>Nov 30, 1949</u> , to <u>Nov 30, 1950</u> , that I last saw the deceased alive on <u>Nov 30, 1950</u> , and that death occurred at <u>12:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>C. H. Brooks</u> <u>2 D. O.</u>				23b. ADDRESS <u>Center, Missouri</u>		23c. DATE SIGNED <u>12/5/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>12/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Salem, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>12/5/50</u>		REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u> 267		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wilkey</u>		ADDRESS <u>Center, Missouri</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

870

JAN 18 1951

Date Received: DEC 16  
DISTRICT HEALTH OFFICE  
District File Number 12-50  
Date Filed: DEC 20 1950

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.....  
Student Embalmer

Signed *Clyde Wilkey*

Licensed Embalmer No. *3820*

P. O. Address *Penn. Ins.*

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.