

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17176**

FILED JUN 15 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>St. Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Vernon</u> <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Main St</u>		d. STREET ADDRESS (If rural, give location) <u>Main St</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Orto</u>	b. (Middle) <u>W</u>	c. (Last) <u>Fiekey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1951</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-4, 1881</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</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>USA</u>
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13a. FATHER'S NAME <u>Henry Fiekey</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lydia</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Loyene Fiekey</u>	ADDRESS <u>St. Vernon Mo</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis with valvular disease</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>3 years</u>
	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 <u>NO</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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? _____
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22. I hereby certify that I attended the deceased from Oct 29, 1947 to May 23, 1951, that I last saw the deceased alive on May 23, 1951, and that death occurred at 1:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>A. R. Holmes</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>St. Vernon Mo</u>	23c. DATE SIGNED <u>5-25-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-26-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Hoberg Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 27, 1951</u>	REGISTRAR'S SIGNATURE <u>Cecil Handricks</u> 411	25. FUNERAL DIRECTOR'S SIGNATURE <u>May L. Fossett</u>	ADDRESS <u>St. Vernon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUN 5 1951

Dist. File 653-1285

Date Filed 6-6-51

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

*May L Fossett*

Licensed Embalmer No.

4252

P. O. Address

*W. Newcom, 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..