

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33135**

FILED NOV 9 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **146**

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Mo</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington</b>		c. LENGTH OF STAY (to this place) <b>9 days</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Gasconade</b>		<b>1374</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GRACE</b> b. (Middle) <b>MAY</b> c. (Last) <b>FEAGAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 26 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 27-1900</b>
9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR <b>9</b> Months	IF UNDER 24 HRS. <b>29</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (State or foreign country) <b>Gasconade, Mo</b>
13a. FATHER'S NAME <b>Frank Feagan</b>		13b. MOTHER'S MAIDEN NAME <b>Mathilda Branson</b>	14. NAME OF HUSBAND OR WIFE <b>*****</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ella Clifton, Wellington, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Liver</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Cholecystitis -</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	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)	<b>1561</b>
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 <b>Oct 12, 1951</b> , to <b>Oct 26, 1951</b> , that I last saw the deceased alive on <b>Oct 26, 1951</b> , and that death occurred at <b>8:30 P</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Howard Berkman M.D.</b>		23b. ADDRESS <b>Hermann Mo</b>	23c. DATE SIGNED <b>10-27-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-28-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Gasconade Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Gasconade Mo</b>
DATE REC'D BY LOCAL REG. <b>10/27/51</b>	REGISTRAR'S SIGNATURE <b>L.P. Hedmann</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hugo H. Blumer</b> ADDRESS <b>Hermann, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV 3 1951

RECEIVED

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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.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.