

FILED MAR 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9518

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Ray</u>		c. LENGTH OF STAY (in this place) <u>19 years</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Richmond</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles south Richmond</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Richmond</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles south Richmond</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>MARIE</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Feeney</u>		Date: <u>March 6, 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>October 10, 1880</u>	
9. AGE (in years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Explosion Springs, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>William H. Nelson</u>		13b. MOTHER'S MAIDEN NAME <u>Antonia F. Nisbey</u>		14. NAME OF HUSBAND OR WIFE <u>John Francis Feeney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russell Feeney</u> ADDRESS <u>Richmond, Missouri</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>Acute pulmonary edema</u>		DUE TO (b) <u>Congestive heart failure</u>					<u>6 wks.</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>Arteriosclerotic, hypertensive, Cardio-vascular-renal disease</u>					<u>2 1/2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Toxic thyroid goitre</u>							<u>10 yrs?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		19c. 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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>Nov 27, 1948</u> , to <u>March 6, 1952</u> , that I last saw the deceased alive on <u>Febr 4, 1952</u> , and that death occurred at <u>1:04 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F.W. Johnson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>3/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Swain St.</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 11-1952</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>The Most Holy Family Home</u> ADDRESS <u>Richmond, Missouri</u>			

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

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0890

July 11th 1918

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 *[Signature]*

Licensed Embalmer No. *4066*

P. O. Address *Centerville, 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.