S. No. 300
V. 10.48

0013

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

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19217

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 217

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 404 S. Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Adair 0013
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville 0
d. STREET ADDRESS (If rural, give location): 404 S. Franklin

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle):
c. (Last): Fels

4. DATE OF DEATH (Month) (Day) (Year): 6 12 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 0
8. DATE OF BIRTH: Aug. 2, 1852
9. AGE (In years last birthday): 99
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret.
10b. KIND OF BUSINESS OR INDUSTRY: ret.
11. BIRTHPLACE (State or foreign country): Offenbach, Germany 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elias Fels
13b. MOTHER'S MAIDEN NAME: Fanny Fels
14. NAME OF HUSBAND OR WIFE: ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Felix Rothschild
ADDRESS: Kirksville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 25 years
DUE TO (c) Arterio sclerotic dementia — 3 years.

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 ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 17, 1946, *to* June 12, 1952, *that I last saw the deceased alive on* June 11, 1952, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Howard E. Gross
(Degree or title): D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 6-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: 6-13-52
24c. NAME OF CEMETERY OR CREMATORY: Jewish Cemetery
24d. LOCATION (City, town, or county) (State): Keokuk Iowa

DATE REC'D BY LOCAL REG.: 6-13-52
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Robert B. Lanes
ADDRESS: Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert B. Davis

Licensed Embalmer No. 4219

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.