

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24032**

FILED AUG 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5343 Registrar's No. 67

290  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>rural north twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>rural north twp.</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>5mi. n. greenfield mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5mi. n greenfield</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ida</b> b. (Middle) <b>Mae</b> c. (Last) <b>Feazel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>aug. 2 1952</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>may 19, 1876</b>		9. AGE (In years last birthday) <b>76</b>		10. IF UNDER 1 YEAR: Months <b>2</b> Days <b>13</b> IF UNDER 48 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>house wife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Carrioll co mo</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Melison Riggs</b>		13b. MOTHER'S MAIDEN NAME <b>Francis Crouch</b>		14. NAME OF HUSBAND OR WIFE	
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 Andy Houston</b>	
				ADDRESS <b>Greenfield Mo</b>	

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) <b>Cancer of stomach</b>		DUPLICATE TO (b) <b>liver &amp; gall bladder</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 July 5, 1952, to 8-2-, 1952, that I last saw the deceased alive on Aug 1, 1952, and that death occurred at 1:05p m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. O. Cowan</b>		23b. ADDRESS <b>Greenfield mo</b>		23c. DATE SIGNED <b>8-6-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-4-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenfield</b>	
				24d. LOCATION (City, town, or county) (State) <b>Greenfield Mo.</b>	

DATE REC'D BY LOCAL REG. <b>8-6-52</b>		REGISTRAR'S SIGNATURE <b>Geo L. Wark</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.R. Allison</b>	
				ADDRESS <b>Greenfield M.</b>	

(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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Mass.

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.