

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35580**

DATE OF BIRTH **OCT 27 1952** REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5662** Registrar's No. **92**

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

| | | | | | |
|--|--|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY LEWIS | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LEWIS | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LA BELLE | | c. LENGTH OF STAY (in this place) 6 yrs. | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LA BELLE | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXX | | | d. STREET ADDRESS (If rural, give location) 3 MI. SOUTH LEWISTOWN | | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) JENNIE | b. (Middle) GORDON | c. (Last) FELKER | 4. DATE OF DEATH (Month) (Day) (Year) OCT. 8, 1952 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH FEB. 4, 1884 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Days 8 |
| IF UNDER 1 YEAR Hours 4 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXX | 11. BIRTHPLACE (State or foreign country) CANTON, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME SAMUEL HONAKER | | 13b. MOTHER'S MAIDEN NAME LAURA STEVENS | | 14. NAME OF HUSBAND OR WIFE REESE FELKER | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. XXXXXX | 17. INFORMANT'S SIGNATURE OR NAME REESE FELKER | ADDRESS LEWISTOWN, MO. | | |
| 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) Cerebral Vascular accident | | | | | Immediate |
| *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 | DUE TO (b) _____ | | | |
| | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (c) _____ | | | |
| | II. OTHER SIGNIFICANT CONDITIONS | Coronary Sclerosis | | | |
| | Conditions contributing to the death but not related to the disease or condition causing death. | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 331X | | 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) m. | 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 June 20, 1952 , to 8 October, 1952 , that I last saw the deceased alive on 8 October, 1952 , and that death occurred at 6:45 a.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) John W. Willis DA | | 23b. ADDRESS Lewistown Mo. | | 23c. DATE SIGNED 10 Oct 52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 10/10/52 | 24c. NAME OF CEMETERY OR CREMATORY PROVIDENCE | 24d. LOCATION (City, town, or county) (State) WILLIAMSTOWN, MISSOURI | | |
| DATE REC'D BY LOCAL REG. 10-12-52 | REGISTRAR'S SIGNATURE P.W. Young | 25. FUNERAL DIRECTOR'S SIGNATURE Charles L. Conroy Sr. | ADDRESS LEWISTOWN, MO. | | |

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.

Student Embalmer No.

Signed.....

Signed

Charles L. Arnold, Sr.

Student Embalmer

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.

OCT 28 1952