

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38655**

State File No. ....

**5189**

**FILED DEC 13 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
c. LENGTH OF STAY (in this place) <u>10 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>6206 Tracy</u>	

**3810**

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>Lawrence</u>	b. (Middle) <u>A.</u>	c. (Last) <u>FELLING</u>	<u>November 27 1952</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>May 14, 1896</u>	<b>9. AGE</b> (In years last birthday) <u>56</u>	<b>10. CITIZEN OF WHAT COUNTRY?</b> <u>United States</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Contract specialist</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Unknown</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. Joseph, Missouri</u>		

<b>13a. FATHER'S NAME</b> <u>Edward B. Felling</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Ellen Connolly</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Teresa Felling</u>
---	---	---

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes April 9, 1918 WW-1</u>	<b>16. SOCIAL SECURITY NO.</b> <u>491-22-6304</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hospital</u>	<b>ADDRESS</b> <u>Official Records, Veterans Administration</u>
--	--	---	--

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Acute Coronary Occlusion</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>42<sup>00</sup></u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial Scars</u> <u>Pulmonary Infarctions</u>		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
-------------------------------	---	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from November 10 52, to November 27 1952, that I last saw the deceased alive on November 27 52 and that death occurred at 11:02A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <u>Richard C. Schaffer</u> (Degree or title) <u>Richard C. Schaffer M.D. Pathologist</u>	<b>23b. ADDRESS</b> <u>Kansas City Veterans Hosp</u>	<b>23c. DATE SIGNED</b> <u>11-28-52</u>
---	---	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>	<b>24b. DATE</b> <u>11-28-52</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>—</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph MO.</u>
--	-------------------------------------	---	---

<b>DATE REC'D BY LOCAL REG.</b> <u>11-28-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Melody-McGilley-Eylar</u>	<b>ADDRESS</b> <u>KCMO.</u>
--	--	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10-48

**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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, 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.