S. No. 300
v. 10-48

FILED DEC 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41270

State File No.

BIRTH NO. REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 91

1020 1

1. PLACE OF DEATH
a. COUNTY: SHELBY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLARENCE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CENTER STREET

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: SHELBY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLARENCE 1020 2
d. STREET ADDRESS (If rural, give location): CENTER STREET

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

4. DATE OF DEATH (Month) (Day) (Year): DEC 3 1952

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 23 1874
9. AGE (In years last birthday): 78 — 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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEKEEPING
11. BIRTHPLACE (State or foreign country): INDIANA
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JACOB DEEG
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: JOHN FEIT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: JOHN FEIT — ADDRESS: CLARENCE MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Gall Bladder — 8 mos.

DUE TO (c) Stomach ulcers — 1 Year

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: 151X
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* Nov. 1, 1952, *to* Dec. 2, 1952, *that I last saw the deceased alive on* Dec. 2, 1952, *and that death occurred at* 12:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. L. Edrington D.O.
23b. ADDRESS: Clarence, Mo.
23c. DATE SIGNED: Dec 4/1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC 4 1952
24c. NAME OF CEMETERY OR CREMATORY: MAPLE WOOD ~~WOODLAWN~~
24d. LOCATION (City, town, or county) (State): CLARENCE MO

DATE REC'D BY LOCAL REG.: 12-6-52
REGISTRAR'S SIGNATURE: Ada Garrison 419
25. FUNERAL DIRECTOR'S SIGNATURE: Charles V. Kenney
ADDRESS: Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

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

2

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.....
Student Embalmer

Licensed Embalmer No. 4625

P. O. Address Clarence 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.