

## STANDARD CERTIFICATE OF DEATH

State File No. 17824

LED MAY 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 120

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Henry 0422	a. STATE Missouri	b. COUNTY St. Clair	b. COUNTY
b. CITY (If outside corporate limits, write RURAL and give township) Clinton	c. LENGTH OF STAY (in this place) 89 days	c. CITY (If outside corporate limits, write RURAL and give township) Lowry City 0930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wetzel Osteopathic Hospital	d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Olive	b. (Middle) L	c. (Last) Feaster	(Month) May	(Day) 10	(Year) 1953

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH March 1, 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Benton County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Felix Feaster	13b. MOTHER'S MAIDEN NAME Martha D. Cobb	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ross Feaster, Lowry City Missouri	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary growth in gall bladder DUE TO (c) Malnutrition		
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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 11, 1953, to May 10, 1953, that I last saw the deceased alive on May 9, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) D.O.	23b. ADDRESS Clinton, Missouri	23c. DATE SIGNED 5/11/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 11, 53	24c. NAME OF CEMETERY OR CREMATORY Lowry City	24d. LOCATION (City, town, or county) (State) Lowry City Missouri
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DATE REC'D BY LOCAL REG. May 10-53	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <i>[Address]</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 23 1958

**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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Essex 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.