FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20206

State File No.

BIRTH NO. 16941 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1427

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (in this place): 5 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla 0810
d. STREET ADDRESS (If rural, give location): Rural Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) JOYCE b. (Middle) c. (Last) FEELER
4. DATE OF DEATH (Month) (Day) (Year): 5 - 21 - 53
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 2 1953
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days 19; IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None- Infant
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Rolla, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Gale Feeler
13b. MOTHER'S MAIDEN NAME: Betty Grisham
14. NAME OF HUSBAND OR WIFE: Nil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Gale Feeler, Rolla, Missouri.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 2hr

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) CARDIAC HYPERTROPHY DUE TO UNKNOWN CAUSE
DUE TO (c) ADRENAL CORTICAL INSUFFICIENCY

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* FEMALE PSEUDO HERMAPHRODITE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 274X
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* 3-21, 19 53, *to* 5-21, 19 53, *that I last saw the deceased alive on* 5-22, 19 53, *and that death occurred at* 1a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patricia Brennan MD
23b. ADDRESS: St Marys Hospital
23c. DATE SIGNED: 5-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-24-53
24c. NAME OF CEMETERY OR CREMATORY: Camp Creek
24d. LOCATION (City, town, or county) (State): Phelps County, Missouri.

DATE REC'D BY LOCAL REG. 5-23-53
REGISTRAR'S SIGNATURE: Herbert K. Daniel M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Albert H. Hoppe, 4700 Washington
(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 M

.....,

working under my personal supervision.

Student Embalmer No.....

Signed G W Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.