

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35052**

FILED NOV 9-1953

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1143**

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| c. LENGTH OF STAY (in this place) 45 years | | d. STREET ADDRESS (If rural, give location) 1724 N. 3rd St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1724 N. 3rd St. | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Margaret | b. (Middle) Elizabeth | c. (Last) Felling | 4. DATE OF DEATH (Month) (Day) (Year) October 26, 1953 |
|-------------------------------------|----------------------------|------------------------------|--------------------------|---|

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|----------------------|-------------------------------|---|---|---|---|---|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH December 31, 1893 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | 10b. KIND OF BUSINESS OR INDUSTRY own home | 11. BIRTHPLACE (State or foreign country) Fulton, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Patrick McCarry | 13b. MOTHER'S MAIDEN NAME unk. Condeley | 14. NAME OF HUSBAND OR WIFE Leonard U. |
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| 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. none | 17. INFORMANT'S SIGNATURE OR NAME James Felling | ADDRESS 716 S. 14th St. Joseph, Mo. |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Broncho-pneumonia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Excessive use of alcoholic liquors. DUE TO (c) 3221 | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Woman died while alone | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION in her home, probably 4-8 hours before her body was found | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 10/26**, 19**53**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:00 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner) | 23b. ADDRESS St. Joseph, Mo. | 23c. DATE SIGNED 10/27/53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 10/29/1953 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri |
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| DATE REC'D BY LOCAL REG. Nov. 3, 1953 | REGISTRAR'S SIGNATURE 485 Nathan M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE Dean Brown | ADDRESS Funeral Home St. Joseph, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

DEC 30 1959

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 *James P. Hawkins*

Licensed Embalmer No. 4536

P.O. Address 319 So. 10th St. Joseph

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.