

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38200

State File No. ....

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 11 **PRIMARY REG. DIST. NO.** 4024 **Registrar's No.** 84

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission).	
a. COUNTY <u>Barry</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Mineral Springs)</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0050</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital</u>			
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <u>RETTA</u> b. (Middle) <u>ANN</u> c. (Last) <u>FELAND</u>			<u>11-15-1953</u>
<b>5. SEX</b> <u>female</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>12-10-1902</u>
<b>9. AGE</b> (In years, last birthday) <u>50</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>housewife</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Lawrence County, Missouri</u>
<b>10a.</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>home</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>William Ware</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Jane Parsons</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Grover Feland</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>no</u>		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Grover Feland-Cassville, Missouri</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Carcinoma of breast</u> <u>11 mos.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" 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> <u>170 X</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>Jan.</u>, 19<u>53</u>, to <u>Nov. 15</u>, 19<u>53</u>, that I last saw the deceased alive on <u>Nov. 15</u>, 19<u>53</u>, and that death occurred at <u>5:20 a.</u> m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Mary Newman, M.D.</u>		<b>23b. ADDRESS</b> <u>Cassville, Mo.</u>	<b>23c. DATE SIGNED</b> <u>11-23-53</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>11-18, 1953</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Horner Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Barry County, Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>11-30-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Grace Williams</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>G. E. Culver - Cassville</u>	

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

520

0050

102

**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 Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville

**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.