

62835 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla Rural - Miller 0810	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Phelps County Hospital		d. STREET ADDRESS (If rural, give location) Miller Twp R 3, Rolla	

3. NAME OF DECEASED (Type or Print)	a. (First) VERNON	b. (Middle) MARK	c. (Last) FEELER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 12, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married	8. DATE OF BIRTH Sept. 13, 1953	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 29	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) At home	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Rolla, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Archie D. Feeler, Jr.	13b. MOTHER'S MAIDEN NAME Maxine I. Williams	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maxine I. Feeler, Rt. 3	ADDRESS Rolla, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Maxillary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>20 hours</i>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>congenital anomaly</i> DUE TO (c) <i>diagnosed absence of intervertebral space</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Optic</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>7542</i>	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) m.	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 *9/13, 1953* to *11/12, 1953*, that I last saw the deceased alive on *10/12, 1953*, and that death occurred at *11:05 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.	23b. ADDRESS Cottingham Clinic, Rolla, Mo.	23c. DATE SIGNED 11/12/53
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24a. BURIAL / CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 14, 1953	24c. NAME OF CEMETERY OR CREMATORY Davis	24d. LOCATION (City, town, or county) (State) Phelos County, Missouri
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DATE REC'D BY LOCAL REG. Nov. 13, 1953	REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>	380 -	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS 1100 Elm, Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

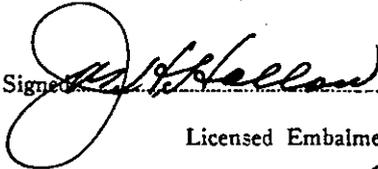
**STATEMENT BY LICENSED EMBALMER**

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 

Licensed Embalmer No. 3643

P. O. Address Rolla, 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.