

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4437

State File No.

BIRTH NO. FILED FEB 16 1954 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden	
d. FULL NAME OF HOSPITAL OR INSTITUTION Liberty Cafe		d. STREET ADDRESS (If rural, give location) 103 S. Beckwith	

3. NAME OF DECEASED (Type or Print) a. (First) LILLY b. (Middle) MAE c. (Last) FELKER			4. DATE OF DEATH (Month) (Day) (Year) FEB. 3 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook and Waitress		10b. KIND OF BUSINESS OR INDUSTRY in cafe		8. DATE OF BIRTH Oct. 24, 1904	
				9. AGE (In years last birthday) 49	
				11. BIRTHPLACE (State or foreign country) Campbell, Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME James Lee Poole		13b. MOTHER'S MAIDEN NAME Anos Harmon		14. NAME OF HUSBAND OR WIFE ----	
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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. 491-36-2408		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jerry Felker, Malden, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Accidental Traumatism by fall Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9046 45				INTERVAL BETWEEN ONSET AND DEATH 17 hrs.	
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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) Accident		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell while in rest room	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:10 A.M.** from the causes and on the date stated above.

23a. SIGNATURE Quinton Tarver (Degree or title) Quinton Tarver, Coroner, Dunklin Co.		23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 2/6/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 5, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Malden, Missouri	
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DATE REC'D BY LOCAL REG. 2-12-54		REGISTRAR'S SIGNATURE J. J. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home, Campbell, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

Corr. by affdtd.
4/8/54 eb.

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

2351
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RECEIVED, DUNKLIN COUNTY HEALTH

DEPARTMENT 2-15-54

COUNTY FILE NUMBER 254-46

MAR 23 1954

AUG 18 1954

APR 7 1954

APR 19 1954

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 Christina M. Landels

Licensed Embalmer No. 4227

P. O. Address Campbell

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.