

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12493

FILED MAY 10 1954

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>5609</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Latour</u>		c. LENGTH OF STAY (In this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Latour,</u>		<u>0.510</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Latour, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>			b. (Middle) <u>Leonard</u>		c. (Last) <u>Feeback</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 24, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 22, 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker, retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Job. L. Feeback</u>			13b. MOTHER'S MAIDEN NAME <u>Molly Graves</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy Woods Feeback</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. --</u>		16. SOCIAL SECURITY NO. <u>495-01-5856</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Margaret Lee Feeback, Latour, Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA PROSTATE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
				ANTECEDENT CAUSES Morbid 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. <u>Secondary Metastasis Left Lung</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Above</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>177 X</u>			
22. I hereby certify that I attended the deceased from <u>MARCH 18, 1954</u> , to <u>APRIL 24, 1954</u> , that I last saw the deceased alive on <u>APRIL 24, 1954</u> , and that death occurred at <u>9 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. H. Jarvis, M.D.</u> (Degree or title)				23b. ADDRESS <u>Harrisonville, MO.</u>		23c. DATE SIGNED <u>24 APRIL 1954</u> (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rural Johnson Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 26/1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. V. Radford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. CAST</u>		ADDRESS <u>HOLDEN MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAY 3 1954
JOHNSON COUNTY HEALTH DEP

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 EB Cook

Licensed Embalmer No. 4059

P. O. Address Holden, 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.