

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28488

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 309

1. PLACE OF DEATH a. COUNTY) Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE Oregon b. COUNTY Multnomah	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Portland	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		e. STREET ADDRESS (If rural, give location). 3146 S.E. Kelly, St. 8.360 8	

3. NAME OF DECEASED (Type or Print)	a. (First) Nora	b. (Middle) Petty	c. (Last) Feil	4. DATE OF DEATH (Month) (Day) (Year) August 17, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 9, 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	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 (City and State or Foreign Country) Pettis County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Erbin Petty	13b. MOTHER'S MAIDEN NAME Mollie Edwards	14. NAME OF HUSBAND OR WIFE Frank E. Feil (deceased)
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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. N/A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Roy A. Petty, Sedalia, Missouri
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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 24 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio- Vascular Disease DUE TO (c) 4221		?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Hemiplegia. Medical treatment only.	20. AUTOPSY? No. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	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) None. Please see	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> AT WORK? <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August 15th 1954 to Aug. 17th, 1954, that I last saw the deceased alive on Aug. 17th, 1954, and that death occurred at 5:45 P.M. from the causes and on the date stated above.

23a. SIGNATURE Jno. B. Carlisle, M.D.	23b. ADDRESS Sedalia, Missouri.	23c. DATE SIGNED 8-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/19/1954	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	24d. LOCATION (City, town, or county) (State) Sedalia, Pettis, Mo.
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DATE REC'D BY LOCAL REG. 8-19-54	REGISTRAR'S SIGNATURE Savina County Dept. W. Dechart	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sedalia, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

GILLESPIE FUNERAL HOME

This lady lived in Portland, Oregon, In company with her brother who l
here she was driving thru from Portland to Sedalia, Missouri. Early this
she has had suffered cerebral hemorrhage. En route while in Wyoming near
Scottsbluff, Nebraska the patient had another hemorrhage and was in the
hospital at Scottsbluff five days. She was brought here by air from Scot
bluff arriving here at 2.15 P.M. Sun day August 15th, 1954. Since then sh
has been in the Bothwell Memorial Hospital, Sedalia, Missouri.

J. B. Calver
8-18-54

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Russell C. Maag* 48

Licensed Embalmer No.....

P. O. Address *Sedalia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.