

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33243

BIRTH NO. 71556-54 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY CAPE GIRARDEAU				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY SCOTT				
b. CITY (If outside corporate limits, write RURAL and give town or township) CAPE GIRARDEAU		c. LENGTH OF STAY (In this place) 1 DAY		c. CITY OR TOWN BENTON		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				f. STREET ADDRESS (If rural, give location) R. F. D. #1				
3. NAME OF DECEASED (Type or Print) a. (First) MARLYN			b. (Middle) ANN		c. (Last) FELTER		4. DATE OF DEATH (Month) (Day) (Year) OCT. 23 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED NEVER MARRIED		8. DATE OF BIRTH OCT. 22 1954		9. AGE (In years last birthday) -	IF UNDER 1 YEAR Months - Days - Hours 19 Min.	IF UNDER 24 HRS. Hours 19 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CAPE GIRARDEAU, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME SYLVESTER FELTER			13b. MOTHER'S MAIDEN NAME MILDRED SCHLITT			14. NAME OF HUSBAND OR WIFE		
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. NONE		17. INFORMANT'S SIGNATURE OR NAME SYLVESTER FELTER			ADDRESS BENTON, MO.
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>asphyxia neonatorum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Patent Ductus arteriosus</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7541					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
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 <u>8:30A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Thomas A. Lovingswood, M.D. Pathologist</u>				23b. ADDRESS <u>1302 Butler-Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>Oct. 26, 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/25/54	24c. NAME OF CEMETERY OR CREMATORY ST. DENIS		24d. LOCATION (City, town, or county) (State) BENTON MISSOURI			
DATE REC'D BY LOCAL REG. 10-29-54		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl D. Smith</u>		ADDRESS ORAN, MISSOURI		

(Licensed Embalmer's Statement on Reverse Side)

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
Signature of Student Embalmer

Signed *Earl J. Smith*

Licensed Embalmer No. *3676*

P. O. Address *Quincy, Ill.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.