

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1955

State File No. 41705

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 294

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u>	c. LENGTH OF STAY (In this place) <u>10 MIN</u>	c. CITY OR TOWN <u>HANNIBAL</u>	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 <u>LEVERING HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>310 FULTON AVE</u> <u>06440</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LULU</u> b. (Middle) <u>MAE</u> c. (Last) <u>FELTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-24-1954</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 8, 1888</u>
9. AGE (In years last birthday) Months Days Hours Mins. <u>67</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ROLLS COUNTY, MO</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>JAMES T. McNEEL</u>	
13b. MOTHER'S MAIDEN NAME <u>ELIZABETH GREGORY</u>		14. NAME OF HUSBAND OR WIFE <u>WM. FELTON</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>491-26-8939</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. Felton, Hannibal, Mo</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis</u> DUE TO (c) <u>Arterio Sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H46x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 July 1954 to Dec 1954, that I last saw the deceased alive on Dec 24, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Blaine R. Miller DO</u>	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>12-28-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview B. Pk</u>	24d. LOCATION (City, town, or county) (State) <u>Near Hannibal Ralls Mo</u>
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DATE REC'D BY LOCAL REG. <u>12/28/54</u>	REGISTRAR'S SIGNATURE <u>Wm. Lucke, Jr.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alpha Club - Hannibal Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DEC 30 1954
MARION CO. HEALTH DEPT.
DATE FILED DEC 30 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.....
Signature of Student Embalmer

Signed..... *Ralph Clark*.....

Licensed Embalmer No. *421*.....

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

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.