

**STANDARD CERTIFICATE OF DEATH**

State File No. **127**  
 Registrar's No. **1**

**FILED JAN 17 1955**

|   |  |  |  |  |  |   |   |
|---|--|--|--|--|--|---|---|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>30</b>   |  | PRIMARY REG. DIST. NO. <b>5101</b>   |  | Registrar's No. <b>1</b>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Benton</b> <span style="float:right">00801</span>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>b. STATE <b>Missouri</b> b. COUNTY <b>Benton</b> |  |   |   |
| b. CITY OR TOWN <b>RACKET</b>   |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY OR TOWN <b>RACKET</b>  |  | 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 <b>NONE</b>   |  |  |  | e. STREET ADDRESS (If rural, give location) <b>00800</b>   |  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>CHARLES</b>  |  |  | b. (Middle) <b>F.</b>  |  | c. (Last) <b>FIEBELKORN</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan 9, 1955</b> |
| 5. SEX <b>MALE</b>  | 6. COLOR OR RACE <b>White</b>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>                                    | 8. DATE OF BIRTH <b>Mar 17, 1878</b>                           |  | 9. AGE (in years last birthday) <b>77</b>                                      | if UNDER 1 YEAR Months <b>9</b> Days <b>22</b>  | if UNDER 24 HRS. Hours <b></b> Min. <b></b>                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Rit Carpenter</b>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME <b>Charles Fiebelkorn</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Elvie Fiebelkorn</b>  |  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>   | 16. SOCIAL SECURITY NO. <b>NONE</b>  | 17. INFORMANT'S SIGNATURE OR NAME <b>Kenneth C. Fiebelkorn</b> ADDRESS <b>829 S. Dawn St. Joplin, Mo</b> |  |  |  |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  | MEDICAL CERTIFICATION  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH  |   |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-Vascular Accident</b>  |  |  |  |  | 1 Hour  |   |
|   | ANTECEDENT CAUSES  |  |  |  |  |   |   |
|   | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Hypertension</b><br>DUE TO (c) _____ |  |  |  |  | over 1 year   |   |
| 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 _____   |  |  |  | 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) <b>331X</b>  |  |   |   |
| 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 <b>20 April, 1954</b> , to <b>9 Jan, 1955</b> , that I last saw the deceased alive on <b>5 Jan, 1955</b> , and that death occurred at <b>4:00 a.m.</b> , from the causes and on the date stated above. |  |  |  |  |  |   |   |
| 23a. SIGNATURE <b>David A. Logan</b> (Degree or title) _____  |  |  |  | 23b. ADDRESS <b>Wasson Mo</b>  |  | 23c. DATE SIGNED <b>9 Jan 55</b>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>Jan 12, 1955</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cemetery</b> |  | 24d. LOCATION (City, town or county) (State) <b>Kansas City Jackson Co. Mo</b> |   |   |
| DATE REC'D BY LOCAL REG. <b>Jan 12 1955</b>   |  | REGISTRAR'S SIGNATURE <b>Das. A. Logan</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>John A. Reser</b>  |  | ADDRESS <b>Wasson</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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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.....  
*John J. Reese*

Licensed Embalmer No..... *46*

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

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.