

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8717

State File No.

FILED MAR 21 1955

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy - Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy</u>	
c. LENGTH OF STAY (In this place) <u>14 wk</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co Memorial Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Simon</u> b. (Middle) <u>Fieth</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 9 1955</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>Jan 28 1872</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Duties</u>		11. BIRTHPLACE (State or foreign country) <u>Warren Co Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Henry Fieth</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Biesmeyer</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Fieth</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-09-9722</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Fieth Truxton Mo.</u>	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of prostate</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>psychoneurosis</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from 1-16, 1955, to 3-9, 1955, that I last saw the deceased alive on 3-9, 1955, and that death occurred at 12:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Eldon Houbert</u>	23b. ADDRESS <u>Ray Mo.</u>	23c. DATE SIGNED <u>3-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar 11 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zion M.E.</u>	24d. LOCATION (City, town, or county) (State) <u>Truxton Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-19-1955</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton Jones</u>	ADDRESS <u>Bellflower Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

570
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MAR 2 1950

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 _____
_____ Me _____ Student Embalmer No. _____
working under my personal supervision.

Signed.....
Student Embalmer

Signed Clarence Jones
Licensed Embalmer No. 2978
P. O. Address Bellflower 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.