

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

153

State File No.

FILED JAN 16 1956

BIRTH NO.		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>4038</u>		Registrar's No. <u>3</u>		
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>				
b. CITY OR TOWN <u>WARSAW</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY OR TOWN <u>WARSAW</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>Lake Side Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>0080</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVIN</u> b. (Middle) <u>DEAN</u> c. (Last) <u>FEASTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8, 1956</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Nov 12 1916</u>		
9. AGE (in years last birthday) <u>39</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None - crippled</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>- NONE -</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Clair, Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Clyde Feaster</u>			13b. MOTHER'S MAIDEN NAME <u>Oliver Feaster</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kent Feaster, Tacoma, Wash</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Primary atypical pneumonia 3 days</u>		ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Very low resistance</u>						
		DUE TO (c) <u>to life in confinement</u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paralysis agitans all of life with muscular atrophy</u>					492X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Cause unknown.</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 <u>Jan 5, 1956</u> , to <u>Jan 8, 1956</u> , that I last saw the deceased alive on <u>Jan 7, 1956</u> , and that death occurred at <u>5:30 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Cuss Sally</u>				23b. ADDRESS <u>50 Warsaw, Mo</u>		23c. DATE SIGNED <u>1-9-56</u>		
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lourey City</u>		24d. LOCATION (City, town, or county) (State) <u>Lowry City St. Clair, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 10 - 1956</u>		REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Reser</u>		ADDRESS <u>Warsaw</u>		

(Licensed Embalmer's Signature on Reverse Side)

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

APR 3 1956

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 H. Reser*.....
Licensed Embalmer No..... 409

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.