

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44597

STATE FILE NUMBER

Registration District No. 373 Primary Registration District No. 4545 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>OSARK</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>MARSHFIELD MO R21</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS <u>4 MISMARSHFIELD</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print)				First <u>LOUIS</u>		Middle <u>WILLIAM</u>		Last <u>FELIN</u>		4. DATE OF DEATH Month <u>DEC</u> Day <u>9</u> Year <u>1956</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 18 1892</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>WEBSTER CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					
13. FATHER'S NAME <u>JACOB FELIN</u>				14. MOTHER'S MAIDEN NAME <u>KATE LAFOE</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>495-40-7431</u>		17. INFORMANT Address <u>WILLIAM FELIN MARSHFIELD MO</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Failure, Acute</u>										INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Myocarditis, Chronic</u>		6 mo.	
										DUE TO (c) <u>Arteriosclerosis</u>		4 2 2 1 Several years.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Bronchitis, Severe, Complication of attack of Coryza</u>										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from _____ to <u>Dec. 9, 1956</u> and last saw ^{her} him alive on <u>Dec. 8, 1956</u> Death occurred at <u>4:00 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>C.R. Macdonald, M.D.</u> (Degree or title)						22b. ADDRESS <u>Marshfield, Mo.</u>			22c. DATE SIGNED <u>12/9/56</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-11-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MARSHFIELD</u>			23d. LOCATION (City, town, or county) <u>MARSHFIELD</u>			(State) <u>MO</u>			
24. FUNERAL DIRECTOR <u>BARBER-EDWARDS MARSHFIELD MO</u>				ADDRESS <u>1270-56</u>		25. DATE RECD. BY LOCAL REG. <u>12-10-56</u>		26. REGISTRAR'S SIGNATURE <u>J. J. Francis</u>					

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service000
-56

Sector, Coluher, etc. must use only standard numerals in item 10. No symbols or abbreviations. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *George Stapp*.....
Licensed Embalmer No. *319*
P. O. Address *Mt. Pleasant*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.