

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23996**
Registrar's No. **83-1957**

FILED JUL 31 1957

86

4149

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Crawford			
b. CITY OR TOWN Cuba		c. LENGTH OF STAY (in this place) 6 years		c. CITY OR TOWN Cuba		d. In 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 AT Home				e. STREET ADDRESS (If rural, give location) 409 S. FRANKLIN 0280			
3. NAME OF DECEASED (Type or Print) a. (First) BESSIE		b. (Middle) (None)		c. (Last) FEEN		4. DATE OF DEATH (Month) (Day) (Year) July 22 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 11 1986	
9. AGE (in years last birthday) 71		10. IF UNDER 1 YEAR Months 2 Days 11		10. IF UNDER 24 HRS. Hours Min. 		9. AGE (in years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Steelville Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jim WYCOFF		13b. MOTHER'S MAIDEN NAME Catherine Morrison		14. NAME OF HUSBAND OR WIFE Albert Feen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Albert Feen ADDRESS Cuba, Mo			
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) Tuberculosis Pulmonary				INTERVAL BETWEEN ONSET AND DEATH 30 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		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? 2 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 June 20, 1957, to July 22, 1957 , that I last saw the deceased alive on July 19, 1957 , and that death occurred at 9:15 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph T. De Leo M.D. DC. J.H.				23b. ADDRESS Cuba, Mo		23c. DATE SIGNED 7/23/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-25-1957		24c. NAME OF CEMETERY OR CREMATORY Kinder Cemetery		24d. LOCATION (City, town, or county) (State) Cuba Mo	
DATE REC'D BY LOCAL REG. 7/25/57		REGISTRAR'S SIGNATURE James A. Shanahan		25. FUNERAL DIRECTOR'S SIGNATURE Norman R. Feen ADDRESS Cuba, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Norman C. Haerens*
Licensed Embalmer No. *467*
P. O. Address *Cuba, N.J.*

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.