

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **47431**

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

BIRTH NO. _____		REG. DIST. NO. <b>178</b>		PRIMARY REG. DIST. NO. <b>4281</b>		Registrar's No. <b>8</b>	
1. PLACE OF DEATH a. COUNTY <b>Lewis</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Canton, Mo</b> c. LENGTH OF STAY (in this place) <b>one day</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>103 North Fourth St</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clark</b> c. CITY OR TOWN <b>Wyaconda</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>0250</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Frederick</b> c. (Last) <b>Felker</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 28 1957</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>March 23 1873</b>		9. AGE (In years last birthday) <b>84</b>		10. IF UNDER 1 YEAR Days _____ 11. IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clark Co. Mo.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lewis Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Granville Felker</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda Chappell</b>		14. NAME OF HUSBAND OR WIFE <b>Ila Felker</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ila Felker Wyaconda, Mo.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CONGESTIVE CARDIAC FAILURE</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>ARTERIO-SCLEROSIS</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>2</b> 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>4500</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>AUG. 2, 1957</b> , to <b>OCT. 16, 1958</b> , that I last saw the deceased alive on <b>OCT. 16, 1958</b> and that death occurred at <b>9 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Son Roberto</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>CANTON Mo.</b>		23c. DATE SIGNED <b>1/21/58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 30</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clark Co. Mo. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-1-'58</b>		REGISTRAR'S SIGNATURE <b>P. W. Jennings</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gerth &amp; Baskett, Wyaconda, Mo.</b>			

JAN 28 1958

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 V. Baskett*  
Licensed Embalmer No. 1817

P. O. Address *Mycond*

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.