

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009352

STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 93

Primary Registration District No. 4153

Registrar's No. 58-27

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dade	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lockwood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greenfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hosp.		Length of stay in 1b 10 days	d. STREET ADDRESS Rt. #1 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Isaac - Feasel			4. DATE OF DEATH Apr. 7, 1958		
5. SEX M. D	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 14, 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (City and state or country) Dade County, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Columbus C. Feasel			14. MOTHER'S MAIDEN NAME Mary Brown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. 491-07-9194	17. INFORMANT Mrs. Lola Feasel; Rt #1, Greenfield, Mo.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Nephrosclerotic Uremia				INTERVAL BETWEEN ONSET AND DEATH 1 year	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					
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.) 446X		
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year 2					
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 April 4, 1958 to Apr. 7, 1958 and last saw ^{her} _{him} alive on Apr. 7, 1958 Death occurred at 12:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Max Heilbrunn M.D. (Degree or title)			22b. ADDRESS Lockwood, Mo.		22c. DATE SIGNED 4-10-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr. 11, 1958	23c. NAME OF CEMETERY OR CREMATORY Wetzel Cemetery		23d. LOCATION (City, town, or county) (State) Dade County, Mo.
24. FUNERAL DIRECTOR J. C. Canada, Greenfield, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 4-11-1958	26. REGISTRAR'S SIGNATURE J. C. Canada		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

with, welfare, public, service

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APR 17 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 *J. C. Canada*

Licensed Embalmer No. *419*
P. O. Address *Greenfield*

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