Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032278
STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 115-116 Primary Registration District No. 5433 Registrar's No. 239

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): UNION — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): AT HOME — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: FRANKLIN
c. CITY OR TOWN: UNION 0360 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.R. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First EDWIN Middle FERDINAND Last FEES

4. DATE OF DEATH: Month SEPT. Day 20 Year 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: MAY 22, 1895
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 3 Days 28 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): UNION, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: FERDINAND FEES
13b. MOTHER'S MAIDEN NAME: MAGIL HABERMANN
14. NAME OF HUSBAND OR WIFE: FRANCIS FEES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR #1
16. SOCIAL SECURITY NO.: 494-42-6052
17. INFORMANT: MRS. FRANCIS FEES Address: UNION, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atherosclerosis — 6 ½ yrs
DUE TO (c): 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED, WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 4-15-1952, to 9-20-58 and last saw ~~her~~ him alive on 6-16-58
Death occurred at 1:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. G. Strehlman M.D.
22b. ADDRESS: Union, Mo
22c. DATE SIGNED: 9-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 9-24-58
23c. NAME OF CEMETERY OR CREMATORY: IMMACULATE CONCEPTION
23d. LOCATION (City, town, or county): UNION (State): MO.

24. FUNERAL DIRECTOR: OLTMANN FUNERAL HOME ADDRESS: UNION, MO.
25. DATE RECD. BY LOCAL REG.: 9/23/58
26. REGISTRAR'S SIGNATURE: F. E. Hirlmann by E. E. Hirlmann Dep

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 29 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 Ralph Altmann

Licensed Embalmer No. 4808

P. O. Address Huron, Mo

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.