

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005537
STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 471

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Grand Junction Kansas City 2140 8		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 807 West 84th St.		Length of stay in lb 2 Months	d. STREET ADDRESS R.R. 807 West 84th St.		
3. NAME OF DECEASED (Type or print) First Middle Last George C. Feakes			4. DATE OF DEATH Month Day Year January 24 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April, 17, 1883	
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Retired		10b. KIND OF BUSINESS OR INDUSTRY Self	
11. BIRTHPLACE (City and state or country) Grand Junction, Iowa		12. CITIZEN OF WHAT COUNTRY? US.			
13a. FATHER'S NAME William Feakes		13b. MOTHER'S MAIDEN NAME Margaret Ann James		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 484-22-4387A	17. INFORMANT Address George F. Shattuck 2609 Oakley K. C. 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) C.V.D. DUE TO (b) Hypertensive Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) 31				INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
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 <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 June 26, 1957 to Jan 24, 1959 and last saw her alive on Jan 2, 1959 Death occurred at 807 W 84th 1130 P prior to the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Orvel T. Needels MD		22b. ADDRESS 7400 Wornall K.C. Mo.		22c. DATE SIGNED Jan 24, 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Grand Junction, Iowa		
24. FUNERAL DIRECTOR ADDRESS Mellody McGilley Eylar Lin & Woodland		25. DATE RECD. BY LOCAL REG. 1-25-59	26. REGISTRAR'S SIGNATURE neve Merrill		

Orvel T. Needels USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION All diseases in Part I must be causally related.

8-1-0

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 *James E. Backlund*

Licensed Embalmer No. *4573*
P. O. Address *K. B. G. M.*

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.