

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013993

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>LA BELLE</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>LEWISTOWN</u> 0 530 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXX</u>		Length of stay in 1b <u>XXXXXX</u>	d. STREET ADDRESS (If outside, give location) <u>XXXXXXXXXXXXXXXXXX</u>

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>ALBERT</u> Last <u>FEIGENSPAN</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>16</u> Year <u>1959</u>		
5. SEX <u>MALE</u> 0	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>9/12/1877</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>	11. BIRTHPLACE (City and state or country) <u>STEFFENVILLE, MO.</u> 0	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>FREDERICK FEIGENSPAN</u>	13b. MOTHER'S MAIDEN NAME <u>HANNAH MULLENHAUER</u>	14. NAME OF HUSBAND OR WIFE <u>ADA FEIGENSPAN</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <u>NO</u> <u>XXXXXXXXXXXX</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS. OSCAR FEIGENSPAN</u> Address <u>Ewing, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-vascular-renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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 Apr. 28, 1957 to April 16, '59 and last saw him alive on April 16, 1959
Death occurred at 4:20 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert M. Brocken</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>La Belle, Missouri</u>	22c. DATE SIGNED <u>4/18/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4/19/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ASBURY</u>	23d. LOCATION (City, town, or county) (State) <u>STEFFENVILLE, MO.</u>
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24. FUNERAL DIRECTOR <u>Charles L. Arnold</u> ADDRESS <u>Lewistown, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-20-'59</u>	26. REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>
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MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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FILED APR 28 1959

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 *Charles L. Arnold, Jr.*

Licensed Embalmer No. 4667
P. O. Address Lewistown, 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.