URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034964

STATE FILE NUMBER

FILED VS SEP 22 1959

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 198

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b: 25 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 319 S. Washington — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 319 S. Washington — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: HIEL Middle: Last: McFEELY
4. DATE OF DEATH: Month: September Day: 13 Year: 1959
5. SEX: M
6. COLOR OR RACE: Wh
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: May 2, 1890
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor, Retired
10b. KIND OF BUSINESS OR INDUSTRY: Missouri Pacific R.R.
11. BIRTHPLACE (City and state or country): Rinehart, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John M. McFeely
13b. MOTHER'S MAIDEN NAME: Alice Weyand
14. NAME OF HUSBAND OR WIFE: Mrs. Bess McFeely
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 702-18-5300
17. INFORMANT: Mrs. Bess McFeely Address: Nevada, Missouri 319 S. Washington

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — 3 or 4 yrs.
DUE TO (c): —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] None
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: Nevada, COUNTY: Vernon, STATE: Mo.

21. I attended the deceased from about 1957, to Sept 13-1959, and last saw him alive on Sept 12-1959.
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. Love MD
22b. ADDRESS: Nevada, Mo
22c. DATE SIGNED: 9-15-59.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1959 September 15
23c. NAME OF CEMETERY OR CREMATORY: Salem Cemetery
23d. LOCATION (City, town, or county) (State): Foster Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home ADDRESS: Nevada, Missouri
25. DATE RECD. BY LOCAL REG.: 9-18-1959
26. REGISTRAR'S SIGNATURE: Amal E Ferry

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 29 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 m

or by Douglas Griswold, Student Embalmer No. 595

working under my personal supervision.

Student Douglas Griswold
Signature of Student Embalmer

Signed F. Eugene Ferro

Licensed Embalmer No. 4960

P. O. Address Nevada, Mis

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