

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036013

FILED VS NOV 2 1959

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 5542 Registrar's No. 91

ENDED

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Randolph				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette, Mo.		Length of stay in 1b 2 yrs		c. CITY OR TOWN Clark		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maple Lawn Rest Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. R.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CARDINAL CLARK FEE				4. DATE OF DEATH Month Day Year Oct. 24, 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/2/1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and state or country) Lewis County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Manford Fee			13b. MOTHER'S MAIDEN NAME Luann Atwill			14. NAME OF HUSBAND OR WIFE Lucy Ann Dunlap		
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. None		17. INFORMANT Address Robert Mead Fee, Waverly, Illinois			
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>Coronary occlusion</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.		Month, Day, Year						
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 <u>1957</u> to <u>10/24/59</u> and last saw her <u>10/24/59</u> Death occurred at <u>7 AM 10/24/59</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>M. P. Leach M.D.</i> (Degree or title)				22b. ADDRESS <i>Fayette, Mo</i>			22c. DATE SIGNED <i>10/26/59</i> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/26/1959	23c. NAME OF CEMETERY OR CREMATORY Chapel Grove Cemetery		23d. LOCATION (City, town, or county) Clark, Missouri				
24. FUNERAL DIRECTOR <i>Keloid A. Carr</i> ADDRESS Fayette, Missouri			25. DATE RECD. BY LOCAL REG. 10.26.59		26. REGISTRAR'S SIGNATURE <i>Katherine Welch</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

