URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960

-60-025898

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 689

ENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2609 Indian Trail — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLES Middle J Last FEENEY

4. DATE OF DEATH: Month June Day 21 Year 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-22-1895
9. AGE (last birthday): 65 — 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): Pres. Pinoeer Sand Co.
10b. KIND OF BUSINESS OR INDUSTRY: Sand Co.
11. BIRTHPLACE (City and state or country): St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Bernard Feeney
13b. MOTHER'S MAIDEN NAME: Annie Traynor
14. NAME OF HUSBAND OR WIFE: Marie Feeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W #1
16. SOCIAL SECURITY NO.: 491-09-0040
17. INFORMANT: Marie Feeney Address: 2609 Indian Trail

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Artery Disease (Recurrant)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Arteriosclerosis Gen
INTERVAL BETWEEN ONSET AND DEATH: yrs.

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. ☐ Yes ☐ No ☐ Unknown

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 1952, to 6-21-60 and last saw ~~her~~ him alive on 6-21-60
Death occurred at 3:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert W. Kieber, M.D.
22b. ADDRESS St. Joseph, Mo
22c. DATE SIGNED 6-22-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 24, 1960
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

24. FUNERAL DIRECTOR: H. O. Sidenfaden & Son D.D. ADDRESS: St Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: June 23 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

RW Kieber, MD

JUL 26 1960

AUG 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert L Yaple

Signature of Student Embalmer

Licensed Embalmer No. 3308

P. O. Address St Joseph,

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