

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014469
STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. 4319 Registrar's No. 14

AMENDED
DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

FILED APR 7 1961

1. PLACE OF DEATH
a. COUNTY Maries
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Belle
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION At home

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Maries
c. CITY OR TOWN Belle
d. STREET ADDRESS (If outside, give location)
Inside Limits Yes No
Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Ida Geneva Feldkirchner
4. DATE OF DEATH Month Day Year
March 30 - 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 2-14-1886 9. AGE (last birthday) 75
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) housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Osage County - Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Welcome Decker 13b. MOTHER'S MAIDEN NAME Mary Ellen Gore 14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO
17. INFORMANT Address JINAS Decker - Belle - 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) Cardio-Vascular-renal Syndrome
DUE TO (b) Diabetes Mellitus
DUE TO (c) —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH
1 1/2 yrs.
5 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 11-7-59 to 3-30-61 and last saw her ^{her} _{him} alive on 3-28-61
Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Renee Brewer M.D. 22b. ADDRESS Brunswick, Mo. 22c. DATE SIGNED 4-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-1-61 23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery 23d. LOCATION (City, town, or county) - (State) Belle - Missouri

24. GENERAL DIRECTOR Sharon M. Smith ADDRESS Juniper Service Center, Belle - Mo 25. DATE RECD. BY LOCAL REG. 4-4-61 26. REGISTRAR'S SIGNATURE Thoyld Hutchison

APR 19 1961

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 Chester Lassmann

Licensed Embalmer No. 4178

P. O. Address Blend - 1

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.