No. 300
10.48

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20994
Registrar's No. 5963

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis. 0
c. LENGTH OF STAY (in this place) 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mo-Pac Hosp. Ass'n

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Saline 77
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Slater. 2
d. STREET ADDRESS (If rural, give location) N.R. 726 Rich. 1

3. NAME OF DECEASED (Type or Print) a. (First) Frank MELVILLE b. (Middle) ~~Malcolm~~ M FE c. (Last) Featherstone

4. DATE OF DEATH (Month) July (Day) 4 (Year) 1949

5. SEX M. G
6. COLOR OR RACE Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married. 1
8. DATE OF BIRTH 23 Jan 1880
9. AGE (In years last birthday) 69. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) locomotive engineer
10b. KIND OF BUSINESS OR INDUSTRY rail road.
11. BIRTHPLACE (State or foreign country) Audrain Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Effie Featherstone

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. 709-10-9442
17. INFORMANT'S SIGNATURE OR NAME Georgia Sinnett, ADDRESS Slater, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung c̄ — INTERVAL BETWEEN ONSET AND DEATH 10-12 mos?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastases.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cachexia.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 47 N.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 163X

22. I hereby certify that I attended the deceased from 1 Jul, 1949, to 4 Jul, 1949, that I last saw the deceased alive on 3 Jul, 1949, and that death occurred at 4. A. m., from the causes and on the date stated above.

23a. SIGNATURE John Johnstone, Jr. (Degree or title) M.D.
23b. ADDRESS Mo-Pac Hosp, St. Louis.
23c. DATE SIGNED 4 Jul 1949.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 7-4-49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Slater, Mo.

DATE REC'D BY LOCAL REGISTRAR JUL 7 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, ADDRESS 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Kano

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 me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Geo. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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 this body is not embalmed, fact should be so stated above.

State of Missouri
County of Saline } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 20994-49
Local Registrar's No.

On this 20th day of August, 1949, before me appears Georgia Sinnett, who, upon her oath, states that the original record of ~~XXX~~ death for Frank Melville Featherston, died ~~XXX~~ July 4, 1949, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. ..... should read Frank Melville Featherston
Instead of Frank Malcolm Featherstone

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Georgia Sinnett

wife of bro.-in-law. ~~Cousin~~
Relationship.

118 North Main St. Slater, Mo.
Present Address.

Subscribed and sworn to before me this 20th day of August, 1949

My Commission expires April 28, 1950.

William H. Stewart
Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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V. S. 135
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AUG 25 1949