

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 7463

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark		
b. CITY OR TOWN Kirksville		c. LENGTH OF STAY (In this place) 6	c. CITY OR TOWN Kahoka, Missouri		0230
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) H.	c. (Last) Feldman	4. DATE OF DEATH (Month) (Day) (Year) Mch. 30 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH April 5, 1880	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Salesman	11. BIRTHPLACE (State or foreign country) Clark Co Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Julius O. Feldman		13b. MOTHER'S MAIDEN NAME Johannah Klouderback	14. NAME OF HUSBAND OR WIFE Maude Feldman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maude Feldman Kahoka, 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) Cardio-vascular collapse ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) S-A Heart Block and Mucoid adenocarcinoma of sigmoid DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 hour unknown 153X
19a. DATE OF OPERATION 3-28-50	19b. MAJOR FINDINGS OF OPERATION Single stage abdomino-perineal excision of sigmoid, rectum and anus				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-24-50, to 3-30-50, that I last saw the deceased alive on 3-30-50, 1950, and that death occurred at 7:35am., from the causes and on the date stated above.					
23a. SIGNATURE Carl Laughlin		(Degree or title) D.O.	23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 3-30-50
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 3/30/50	24c. NAME OF CEMETERY OR CREMATORY Kahoka	24d. LOCATION (City, town, or county) (State) Kahoka, Missouri		
DATE REC'D BY LOCAL REG. 3-30-50	REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		

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

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MAR 6 1950

RECEIVED APR 3 1950
District Health Officer No. 10
District File Number 4-57-56
Date Filed APR 3 1950

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 _____
Student Embalmer

Signed Ray H. Mercer

Licensed Embalmer No. 4432

P. O. Address Kirkville, 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.