

STANDARD CERTIFICATE OF DEATH

33045

FILED OCT 27 1951

State File No.

BIRTH NO. _____ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 5330 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>DILLARD, MO</u> <u>CRAWFORD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DILLARD, MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DILLARD, MO</u> <u>1280</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>A</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>MARY</u>	b. (Middle) <u>ETHEL</u>	c. (Last) <u>FELTZ</u>	(Month) <u>7</u>	(Day) <u>2</u>	(Year) <u>1951</u>

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>1886</u>	9. AGE (In years last birthday) <u>JUNE</u>	IF UNDER 1 YEAR Months <u>24</u>	IF UNDER 11 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>DAVISVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>WILLIAM COLEMAN</u>	13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE <u>EVERT FELTZ</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EVERT FELTZ</u>	ADDRESS <u>DILLARD MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)	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 I-20-50, 19 , to 6-14-51, 19 , that I last saw the deceased alive on 6-14-51, 19 , and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mart, R.</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>7-7-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DILLARD CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>DILLARD MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 20. 51</u>	REGISTRAR'S SIGNATURE <u>Elsie Hanson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>JONARSON</u> ADDRESS <u>STEELYVILLE MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 23 1951
RECEIVED

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 _____

was Embalmed Harry Jones
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Harry Jones*

Licensed Embalmer No. *2478*

P. O. Address *Steebily W*

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.