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FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20626

040

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 5032 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rual, Linn
c. LENGTH OF STAY (in this place) 3 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D. ,Mexico

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mexico 0043
d. STREET ADDRESS (If rural, give location) 616 W. Whitley St.

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) EDWARD
c. (Last) FEGER

4. DATE OF DEATH (Month) (Day) (Year) June 22,53

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 5,1883
9. AGE (In years last birthday) 70 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Cass County, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrews Feger
13b. MOTHER'S MAIDEN NAME Catherine Englehart
14. NAME OF HUSBAND OR WIFE Mary Feger

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. 488-28-0146
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Feger,Mexico,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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 10 yrs.
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 4201
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1948, *to* June, 1953, *that I last saw the deceased alive on* June 19, 1953, *and that death occurred at* 10:9 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. D. Hisheim MD
23b. ADDRESS Mexico Mo
23c. DATE SIGNED 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 26,53
24c. NAME OF CEMETERY OR CREMATORY St. Brendans
24d. LOCATION (City, town, or county) (State) Mexico,Mo.

DATE REC'D BY LOCAL REG. June 26,1953
REGISTRAR'S SIGNATURE Blanche Neely
25. FUNERAL DIRECTOR'S SIGNATURE Earl T Pinkel ADDRESS ,Mexico,Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.