

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1754

FILED JAN 31 1955

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 18

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MARION</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MO.</u> b. COUNTY <u>MARION</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>HANNIBAL</u> | c. LENGTH OF STAY (In this place)<br><u>7 MO.</u> | c. CITY OR TOWN<br><u>HANNIBAL</u>  | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>LEVERING HOSPITAL</u>                     |   | e. STREET ADDRESS (If rural, give location)<br><u>1509 ROBINSON</u> <u>0644</u>   |  |

|  |                         |             |                         |  |
|--|-------------------------|-------------|-------------------------|--|
| 3. NAME OF DECEASED<br>(Type or Print) | a. (First) <u>MERT.</u> | b. (Middle) | c. (Last) <u>FESLER</u> | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>1-21-1955</u> |
|--|-------------------------|-------------|-------------------------|--|

|                       |                                  |  |  |  |   |                                   |  |   |
|-----------------------|----------------------------------|--|--|--|---|-----------------------------------|--|---|
| 5. SEX<br><u>MALE</u> | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>WIDOWED</u> | 8. DATE OF BIRTH<br><u>MARCH 8, 1890</u> | 9. AGE (In years last birthday)<br><u>64</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>SERVICE STATION OPERATOR (RET.)</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>PIKE COUNTY, ILL.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u> |
|-----------------------|----------------------------------|--|--|--|---|-----------------------------------|--|---|

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><u>T. G. FESLER</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>CORA HOSKIN</u> | 14. NAME OF HUSBAND OR WIFE<br><u>NORA FESLER - (DECEASED)</u>              |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>H86-38-6537</u>   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Theodore Fesler - Hannibal, Mo.</u> |

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>bronchogenic carcinoma with metastasis</u>                                    |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>8 months</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                              |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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)<br><u>162X</u> |
| 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 11-13-54, 1954, to 1-21-55, 1955, that I last saw the deceased alive on 1-21-55, 1955, and that death occurred at 10:22 A.M., from the causes and on the date stated above.

|  |   |  |  |
|--|---|--|--|
| 23a. SIGNATURE<br><u>R. M. Strong MD</u>                   | (Degree or title)                               | 23b. ADDRESS<br><u>115 N. 5th St. Hannibal, Mo.</u>      | 23c. DATE SIGNED<br><u>1-22-55</u>                                     |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 24b. DATE<br><u>1-24-55</u>                     | 24c. NAME OF CEMETERY OR CREMATORY<br><u>TAYLOR CEM.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>ROCKPORT, ILL.</u> |
| DATE REC'D BY LOCAL REG.<br><u>1-24-55</u>                 | REGISTRAR'S SIGNATURE<br><u>Dr. E. M. Lueck</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>By W. Fisher</u>  | ADDRESS<br><u>Local Church, Hannibal, Mo.</u>                          |

RECEIVED

JAN 28 1955

MARION CO. HEALTH DEPT.

DATE FILED

JAN 28 1955

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..... *Ralph Clark*

Licensed Embalmer No. *4217*

P. O. Address *Lawrence, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.