

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6137**  
Registrar's No. **1439**

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>1439</b>	
1. PLACE OF DEATH a. COUNTY <b>0</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Maries</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Vichy</b>	d. Is Residence within limits of a city (Incorporated town)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Firmin Desloge Hospital</b>			STREET ADDRESS (If rural, give location) <b>0630</b>		
3. NAME OF DECEASED (Type or Print) <b>Alma</b>		a. (First)	b. (Middle) <b>Adell</b>	c. (Last) <b>Feeler</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 15, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>April 12, 1939</b>	9. AGE (In years last birthday) <b>15</b>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student School,</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>School,</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Maries County, Mo. 0</b>		12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Herbert Feeler</b>		13b. MOTHER'S MAIDEN NAME <b>Olive Hodge</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>Nil.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Herbert Feeler,</b>	ADDRESS <b>Vichy, Missouri.</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sepsisemia, 3rd Degree Burns of 56% of Body, suffered in collision between car operated by one Ray Bright, and car operated by Ronald Martin on Body #66 and #163 in Phelps County, Missouri, Jan. 2, 1955. Cause not determined, "open Verdict"</b>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <b>Verdict</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Road</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Phelps County Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 2 55 ?</b>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>145A</b> M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Catriek E. Taylor Coroner</b>			23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>2-15-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>2-15-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rolla Mem. Garden Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>FEB 15 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>	ADDRESS <b>4700 Washington.</b>		

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.....  
Signature of Student Embalmer

Signed

*Robert M. Murrell*

Licensed Embalmer No. 3746

P. O. Address *St. Louis*

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.