

THE DIVISION OF HEALTH OF MISSOURI
 FILED DEC 6 1955 STANDARD CERTIFICATE OF DEATH

State File No. **36307**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **85**

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) Cameron		c. CITY (If outside corporate limits, write RURAL and give township) Hamilton	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Hosp.			

3. NAME OF DECEASED (Type or Print) SUSAN	a. (First) S.	b. (Middle) B.	c. (Last) FEIGLEY	4. DATE OF DEATH (Month) (Day) (Year) Nov. 30. 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-17-1883	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Caldwell Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME E. A. Mc Hamiel	13b. MOTHER'S MAIDEN NAME Elizabeth Blake	14. NAME OF HUSBAND OR WIFE Edward Feigley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Clara Feigley	ADDRESS Hamilton, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) - 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 **Oct 1953** to **Nov 30, 1955**, that I last saw the deceased alive on **Nov 29, 1955**, and that death occurred at **7:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Howard Carter, M.D.	23b. ADDRESS Hamilton, Mo.	23c. DATE SIGNED Dec. 2, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/2/55	24c. NAME OF CEMETERY OR CREMATORY Highland	24d. LOCATION (City, town, or county) (State) Hamilton Mo.
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DATE REC'D BY LOCAL REG. 12-3-55	REGISTRAR'S SIGNATURE Winifred W. Mosler	25. FUNERAL DIRECTOR'S SIGNATURE Marion A. Brown	ADDRESS Hamilton, Mo.
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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 Morris A. Brown
Licensed Embalmer No. 3918

P. O. Address Hamlet

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

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