

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12814

State File No.

FILED MAY 1 1956

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem	c. LENGTH OF STAY (in this place) 3 yrs	c. CITY OR TOWN Birch Tree	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Nursing Home		e. STREET ADDRESS (If rural, give location) ----- 1010	

3. NAME OF DECEASED (Type or Print) a. (First) JESSIE	b. (Middle) ELMER	c. (Last) FELKER	4. DATE OF DEATH (Month) (Day) (Year) April 17 1956		
--	-------------------	------------------	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 19, 1874	9. AGE (in years last birthday) 82	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 Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Clark County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	----------------------------------

13a. FATHER'S NAME Peter J. Felker	13b. MOTHER'S MAIDEN NAME Louisa Yeager	14. NAME OF HUSBAND OR WIFE None
------------------------------------	---	----------------------------------

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. 489-32-5920	17. INFORMANT'S SIGNATURE OR NAME State Welfare Office, Salem, Mo.	ADDRESS
---	-------------------------------------	--	---------

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver		INTERVAL BETWEEN ONSET AND DEATH Unknown
	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	20. AUTOPSY? 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)
--	--	---

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE Marshall C. Blackwell, Coroner	(Degree or title)	23b. ADDRESS Salem, Mo	23c. DATE SIGNED 4/19/56
---	-------------------	------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr 19 1956	24c. NAME OF CEMETERY OR CREMATORY Oak Forest Cemetery	24d. LOCATION (City, town, or county) (State) Birch Tree Missouri
--	-----------------------	--	---

DATE REC'D BY LOCAL REG. 4-19-56	REGISTRAR'S SIGNATURE R. E. Mitchell, M.D. by M. C. Blackwell-Warfel	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Salem, Mo
----------------------------------	--	----------------------------------	-------------------

(Licensed Embalmer's Statement on Reverse Side)

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

4

150

MAY 4 1956

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 Max L. Waple

Licensed Embalmer No. 417

P. O. Address Salem

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.