

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23270**

BIRTH NO. _____ REG. DIST. NO. **104** PRIMARY REG. DIST. NO. **4176** Registrar's No. **17**

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN MALDEN		c. CITY (If outside corporate limits, write RURAL and give township) TOWN MALDEN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 713 N. Douglas Residence		d. STREET ADDRESS (If rural, give location) 713 N. Douglas	

3. NAME OF DECEASED a. (First) Georgia b. (Middle) Geneva c. (Last) Fiesler			4. DATE OF DEATH (Month) (Day) (Year) July 2, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct. 2, 1919		9. AGE (In years last birthday) 36		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Commerce, Missouri	

13a. FATHER'S NAME Omer Clark		13b. MOTHER'S MAIDEN NAME Opal Quinn		14. NAME OF HUSBAND OR WIFE Wayne C. Fiesler	
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. 491-07-3366		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wayne C. Fiesler Malden, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Carcinomatosis		5 mo.	
		DUE TO (c) Carcinoma, descending colon		12 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				153x	

19a. DATE OF OPERATION 18 Oct 56		19b. MAJOR FINDINGS OF OPERATION Carcinoma, descending colon, far advanced		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)		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 **17 March, 1956**, to **2 July, 1956**, that I last saw the deceased alive on **2 July, 1956**, and that death occurred at **7:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles A. Williams M.D.		23b. ADDRESS Malden, Mo.		23c. DATE SIGNED 3 July 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 4, 1956		24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery	
				24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	

DATE REC'D BY LOCAL REG. 7-12-56		REGISTRAR'S SIGNATURE J. J. Schuman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Day Funeral Home, Malden, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

87

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-21-56
COUNTY FILE NUMBER 756-1

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

J. R. Adkinson

Licensed Embalmer No. 4086

P. O. Address *Pruden*

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