

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42070**BIRTH NO. **39592-56** REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5767** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri COUNTY Lincoln			
b. CITY (If outside corporate limits, write RURAL and give town) Rural (Bedford Twp)		c. LENGTH OF STAY (in this place) DOA		c. CITY OR TOWN Eolia Mo		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hosp.				e. STREET ADDRESS (If rural, give location) Route #1			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Lucille		c. (Last) Feith		4. DATE OF DEATH (Month) (Day) (Year) December 28, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 20, 1956	
9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months 8		IF UNDER 1 HR. Hours 0		IF UNDER 15 MIN. Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ellis E. Feith		13b. MOTHER'S MAIDEN NAME Frances L. Crane		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ellis E. Feith, Rt#1 Eolia, Missouri			
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) BRONCHOPNEUMONIA ANTECEDENT CAUSES: DUE TO (b) TRACHEAL OBSTRUCTION DUE TO (c) THYMIC TUMOR II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12 HRS 40 HRS 6 MOS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 239x			
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. Death Certificate NOT ATTENDING PHYS.; AUTOPSY ONLY , that I last saw the deceased alive on _____, 19____, and that death occurred at 4⁰⁰ AM. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Doris P. Heltage M.D.				23b. ADDRESS 370 E. WOOD, TROY, MO		23c. DATE SIGNED 12/28/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec 30-56		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Troy Missouri	
DATE REC'D BY LOCAL REG. Dec 29-1956		REGISTRAR'S SIGNATURE Emma B. Riddle		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kemper-Marsh Funeral Home Troy, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Signature of Student Embalmer

Signed..... *Joseph J. Marsh*.....
Licensed Embalmer No...3932..

P. O. Address Troy, Missou.....

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.