FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42173
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 452

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Levering Hosp. — Length of stay in 1b 70 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibal 0644 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2808 Pleasant St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Anna Feldkamp Middle Ruoff Last
4. DATE OF DEATH Month Dec, Day 6 Year 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH June 1.1874
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Ralls Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Henry Feldkamp
14. MOTHER'S MAIDEN NAME Katherine Manker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yrs. give war or dates of service)
16. SOCIAL SECURITY NO. ---------
17. INFORMANT Address Mrs. Morris Byrum, Hannibal, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis
DUE TO (c) Senility
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 3-1956 to Dec 8-1956 and last saw her/him alive on Dec 8-1956
Death occurred at 8:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] Hardesty M.D.
22b. ADDRESS Hannibal Mo
22c. DATE SIGNED 12-17-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-8-56
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Hannibal, Mo.

24. FUNERAL DIRECTOR Jack Schwartz — ADDRESS Hannibal, Mo.
25. DATE RECD. BY LOCAL REG. 12/19/56
26. REGISTRAR'S SIGNATURE [signature] Lucker By H C Fisher

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

189-C

RECEIVED DEC 2 6 1956
MARION CO. HEALTH DEPT.
DATE FILED DEC 2 6 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack Schwartz

Licensed Embalmer No. 49

P. O. Address Hamil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.