No. 300
10-48

FILED JUL 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 State File No. 023228

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: SCOTT
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHAFFEE
c. LENGTH OF STAY (in this place): 13½ YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 415 YOAKUM AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SCOTT
c. CITY OR TOWN: CHAFFEE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 415 YOAKUM AVE. 100/0

3. NAME OF DECEASED (Type or Print)
a. (First): ODA
b. (Middle): (NMN)
c. (Last): FELTY

4. DATE OF DEATH (Month) (Day) (Year): JUNE 26, 1957

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 5, 1883
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 4, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (RET)
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): UNION COUNTY, KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William FELTY
13b. MOTHER'S MAIDEN NAME: MARY ALICE SUMMERS
14. NAME OF HUSBAND OR WIFE: ZORA DELL FELTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. ZORA DELL FELTY - CHAFFEE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ACUTE CARDIAC DECOMPENSATION — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): MYOCARDOSIS, ARTERIOSCLEROSIS 5 YRS
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CARDIOVASCULAR-RENAL DISEASE 5 YRS.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: — 442X
20. AUTOPSY? YES ☐ NO ☒ 2

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NATURAL
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): NONE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* MAR., 1951, *to* JUNE, 1957, *that I last saw the deceased alive on* 6-26, 1957, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Mosebach, D.O. 2
23b. ADDRESS: Chaffee, Mo.
23c. DATE SIGNED: 6-27-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 28, 1957
24c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEM.
24d. LOCATION (City, town, or county) (State): CAPE GIRARDEAU, MISSOURI

DATE REC'D BY LOCAL REG.: 7-2-57
REGISTRAR'S SIGNATURE: Mrs Fred Bisplinghoff
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

1

x45
0

DATE RECEIVED JUL 9 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 757-137

JUL 12 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 447

P. O. Address Chaffee, M

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