

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

58-017757
State File No.

FILED MAY 19 1958

BIRTH NO. _____		REG. DIST. NO. <u>115716</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>144</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Franklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. LENGTH OF STAY (in this place) <u>17 weeks</u>		c. CITY OR TOWN <u>Labadie</u>		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 <u>St. Francis</u>				e. STREET ADDRESS (If rural, give location) <u>0368</u>			
3. NAME OF DECEASED (Type or Print) <u>Margaret</u>		a. (First)		b. (Middle) <u>Ann</u>		c. (Last) <u>Feldmiller</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1958</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>2</u>	
8. DATE OF BIRTH <u>Apr 19-1879</u>		9. AGE (In years last birthday) <u>79</u>		IF OVER 1 YEAR: MONTHS _____ DAYS _____		IF UNDER 1 YR.: HRS. _____ MIN. _____	
10a. USUAL OCCUPATION (Give time work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Labadie Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Perry Calvin</u>		13b. MOTHER'S MAIDEN NAME <u>Missouri Ann Redenow</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Feldmiller (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Feldmiller Richland, Mo.</u>			
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) <u>Carcinoma of large bowels</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bowels</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY! YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1538	
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)		1538	
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 <u>Aug 1957</u> , to <u>May 8, 1958</u> , that I last saw the deceased alive on <u>May 8, 1958</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Mo 40 Washington Mo</u>		23c. DATE SIGNED <u>5/9/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>May 10 '58</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Labadie Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/9/58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. John L. Hughes</u>		ADDRESS <u>Paris, Mo</u>	

03620

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

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MAY 19 1958

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... *Ralph Ottman*

Licensed Embalmer No. *4908*

P. O. Address *Union, Mo.*

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.