

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002438  
STATE FILE NUMBER

FILED JAN 23 1959 Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 5

300  
1-57

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Pike	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clements - CIVRE		c. CITY OR TOWN St. Clements	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Clements		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb Lifetime		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ALBERT GEORGE FELDMANN			4. DATE OF DEATH Month Day Year Jan 10 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 8, 1885		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) St. Clements, Mo		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME Herman Feldmann	13b. MOTHER'S MAIDEN NAME Wilhelmina Sanders	14. NAME OF HUSBAND OR WIFE None
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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. 486 44 1551	17. INFORMANT Fred Feldmann, St Clements, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	—

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw <sup>him</sup> ~~her~~ <sup>alive</sup> ~~dead~~ Jan 10 - 59  
Death occurred at 1 A m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE J.O. Mudd, Coroner	(Degree or title)	22b. ADDRESS Bowling Green, Mo	22c. DATE SIGNED Jan 10 - 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 12 59	23c. NAME OF CEMETERY OR CREMATORY St. Clements	23d. LOCATION (City, town, or county) (State) St. Clements, Mo.
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24. FUNERAL DIRECTOR J.O. Mudd, Bowling Green, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 1-14-59	26. REGISTRAR'S SIGNATURE Bill Robinson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Color, contour, etc. must use any standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

MAY 28 1959

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 James O. Mudd

Licensed Embalmer No. 4152

P. O. Address Bausling Green

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.