

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS SEP 22 1959 **53** **3010** **332** **59-031681**
 Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		c. CITY OR TOWN Kelso, Mo.	
Length of stay in 1b 28 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) HiWay # 61, in limits	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Eleanora Felter			4. DATE OF DEATH Month September Day 15 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-5-1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days 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) New Hamburg, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME George Glueck		13b. MOTHER'S MAIDEN NAME Anna Wahl		14. NAME OF HUSBAND OR WIFE Alois Felter	
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. NONE		17. INFORMANT Killian Felter Cape Girardeau, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema			INTERVAL BETWEEN ONSET AND DEATH 5-6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO Arteriosclerotic Heart Disease & Hypertension			
Myelogenous Leukemia			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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

21. I attended the deceased from **8-18-59** to **9-15-59** and last saw her ^{her} _{name} alive on **9-15-59**
 Death occurred at **11:30 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Print or type) William J. Oehler, M.D.		22b. ADDRESS Cape Girardeau, Mo.		22c. DATE SIGNED 9-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-19-1959	23c. NAME OF CEMETERY OR CREMATORY St. Augustine Cath. Cemetery		23d. LOCATION (City, town, or county) (State) Kelso, Mo.
24. FUNERAL DIRECTOR Ford & Sons		25. DATE RECD. BY LOCAL REG. 9-19-59		26. REGISTRAR'S SIGNATURE Drew Hester

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 19 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed W.G. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau,

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