

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040958

FILED VS NOV 30 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 369

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Marion		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN Palmyra		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in 1b 9 Days		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		d. STREET ADDRESS (If outside, give location) 115 North Dickerson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Philip Thornton Feaster				4. DATE OF DEATH Month Day Year November 19, 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/5/1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months 4 Days 14	IF UNDER 24 HR Hours 14 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Marion County Mo		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Daniel S. Feaster			13b. MOTHER'S MAIDEN NAME Mary E. Phillips		14. NAME OF HUSBAND OR WIFE Ada M. Feaster		
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 Address Lynn Feaster, Philadelphia 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) Cerebral hemorrhage DUE TO (b) Hypertension DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 Nov 8, 1959 to Nov 19, 1959 and last saw him alive on Nov 18, 1959 Death occurred at 8:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>J. H. Hill</i> (Degree or title) Dr. JH			22b. ADDRESS Palmyra Mo.		22c. DATE SIGNED 11/20/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/22/1959	23c. NAME OF CEMETERY OR CREMATORY Little Union Cemetery		23d. LOCATION (City, town, or county) (State) Palmyra Mo. Star Route		
24. FUNERAL DIRECTOR Franco & Linn Phillips ADDRESS Mo.		25. DATE RECD. BY LOCAL REG. 11/24/59		26. REGISTRAR'S SIGNATURE <i>E. M. Lucke</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Turner

Licensed Embalmer No. 3720

P. O. Address More City

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.