

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9518

State File No. ....

FILED MAR 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>6022</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Ray</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Richmond</u> c. LENGTH OF STAY (in this place) <u>14 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles South Richmond</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Richmond</u> d. STREET ADDRESS (If rural, give location) <u>2 miles South Richmond</u>			
3. NAME OF DECEASED a. (First) <u>MAFFIE</u> b. (Middle) <u>Mae</u> c. (Last) <u>Feeney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>October 10, 1880</u>	
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Explosion Springs, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>William H. Nelson</u>			13b. MOTHER'S MAIDEN NAME <u>Ortch. F. Nisbey</u>		14. NAME OF HUSBAND OR WIFE <u>John Francis Feeney</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Russ Feeney</u> ADDRESS <u>Richmond, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute pulmonary edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Congestive heart failure</u> <u>Arteriosclerotic, hypertensive</u> DUE TO (c) <u>Cardio-vascular renal disease</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Toxic thyroid goitre</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</u> <u>6 wks.</u> <u>2 1/2 yrs.</u> <u>10 yrs?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>Nov 27, 1948</u> , to <u>March 6, 1952</u> , that I last saw the deceased alive on <u>Febr 4, 1952</u> , and that death occurred at <u>1:04 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F.W. Johnson, M.D.</u> (Degree or title)				23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>3/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Swain's</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 11-1952</u>		REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>The Best Home Funeral Home</u> ADDRESS <u>Richmond, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

890  
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0890

June 11<sup>th</sup> 1921

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 \_\_\_\_\_  
Student Embalmer

Signed *George J. Hill*

Licensed Embalmer No. 4066

P. O. Address Centerville, Mo

Note: This 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 this body is not embalmed, fact should be so stated above.