

FILED JUL 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20272

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5763</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <b>Marion County</b>				2-USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Union Jct</b>		c. LENGTH OF STAY (In this place) <b>7</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		d. STREET ADDRESS (If rural, give location) <b>1702 Chestnut</b>	
3. NAME OF DECEASED (Type or Print) <b>William Jewell Fessenden</b>				a. (First)		b. (Middle)	
4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 1949</b>				5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			
8. DATE OF BIRTH <b>November 18, 1894</b>		9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>27</b>		IF UNDER 4 HRS. Hours <b>4</b> Min. <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lime Truck</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b>		11. BIRTHPLACE (State or foreign country) <b>Broken Bow Nebraska</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Nathan Fessenden</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine McElroy</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Vickery Fessenden</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-07-6655</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nellie Fessenden Hannibal Missouri</b>			
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) <b>acute Coronary thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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  <b>4:30</b>	
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?			
22. I hereby certify that I attended the deceased from <u>15 June</u> , 1949, to <u>15 June</u> , 1949, that I last saw the deceased alive on <u>15 June</u> , 1949, and that death occurred at <u>1:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wyatt Hamlin, M.D.</b>				23b. ADDRESS <b>Palmyra Missouri</b>		23c. DATE SIGNED <b>17 June 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/17/1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Grandview Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6/17/49</b>		REGISTRAR'S SIGNATURE <b>Ray W. LaSalle</b>		FUNERAL DIRECTOR'S SIGNATURE <b>W. E. M. ...</b>		ADDRESS <b>502 Broadway Hannibal</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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

*John S. Grand*

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

**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 this body is not embalmed, fact should be so stated above.