

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10-48

FILED MAR 11 1950

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4370 Registrar's No. 50

740

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Clearmont		c. CITY (If outside corporate limits, write RURAL and give township) Clearmont	
c. LENGTH OF STAY (in this place) 2 yrs.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Family home			

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) FRANKLIN c. (Last) FENTON			4. DATE OF DEATH (Month) (Day) (Year) 2 20 50		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10/4/70		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) farmer - retired				10b. KIND OF BUSINESS OR INDUSTRY Farming				11. BIRTHPLACE (State or foreign country) Bluffton, Ohio /				12. CITIZENRY OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Fenton			13b. MOTHER'S MAIDEN NAME Emmaline Stratton			14. NAME OF HUSBAND OR WIFE Lettie Gray Fenton		
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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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lettie Fenton, Clearmont, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Insufficiency.				26	
		ANTECEDENT CAUSES		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Myocardial infarction				26 days	
				DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Serivility				4/20/1	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Jan 25, 1950**, to **Feb. 20, 1950**, that I last saw the deceased alive on **Feb 19, 1950**, and that death occurred at **5:30P** m., from the causes and on the date stated above.

23a. SIGNATURE Harveyl Ford		23b. ADDRESS Elmo, Missouri		23c. DATE SIGNED 2-22-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/22/50		24c. NAME OF CEMETERY OR CREMATORY Clearmont		24d. LOCATION (City, town, or county) (State) Clearmont, Missouri	
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DATE REC'D BY LOCAL REG. 3-4-1950		REGISTRAR'S SIGNATURE Beas Holt		25. FUNERAL DIRECTOR'S SIGNATURE Robert L. Senter		ADDRESS Maryville, Mo.	
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MAR 13 1950



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 _____

Robert L. Senter

Licensed Embalmer No. 4782

P. O. Address _____

Maryville, Mo

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.