

THE DIVISION OF HEALTH OF MISSOURI  
FILED APR 19 1950 STANDARD CERTIFICATE OF DEATH

0104

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Roone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>122 Sanford St.</u>		d. STREET ADDRESS (If rural, give location) <u>122 Sanford St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>TURNER</u> b. (Middle) <u>GARTH</u> c. (Last) <u>FENTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 20, 1881</u>
9. AGE (In years last birthday) <u>68</u>		# UNDER 1 YEAR Months <u>0</u>	# UNDER 2 WKS. Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shop</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Harrison Fenton</u>	
13b. MOTHER'S MAIDEN NAME <u>Belle Pollock</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha L. Fenton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-- None --</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha L. Fenton, Columbia, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive arteriosclerosis, heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION <u>4-20-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>42 on</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>_____</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>_____</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>_____</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>_____</u>			
22. I hereby certify that I attended the deceased from <u>11-24, 1948</u> , to <u>4-7, 1950</u> , that I last saw the deceased alive on <u>3-31, 1950</u> , and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Roland P. Ladavon MD</u>		23b. ADDRESS <u>16 N. 10th Columbia</u>	
23c. DATE SIGNED <u>4-8-50</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial (1)</u>	
24b. DATE <u>April 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. P. [Signature]</u>	
25. ADDRESS <u>Columbia, Mo.</u>		DATE REC'D BY LOCAL REG. <u>April 8 1950</u>	
REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		31. _____	

RECEIVED  
APR 11 1950  
District Health Officer No. 9,  
District #11, Tomboro

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,                     

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Lyman W. Spink

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.