

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10.48

LEO JAN 28 1952

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Mississippi 0670</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston R. #3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Charleston R. #3</u>	
c. LENGTH OF STAY (In this place) <u>1 Year</u>		d. STREET ADDRESS (If rural, give location) <u>Charleston R. #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence Charleston, R. #3</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elston</u>	b. (Middle) <u>Bruton</u>	c. (Last) <u>Fenton</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>December, 27, 1951</u>

5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>September, 5, 1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Maker</u>	11. BIRTHPLACE (State or foreign country) <u>Columbia, Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>William Henry Harrison Fenton</u>	13b. MOTHER'S MAIDEN NAME <u>Isabel Pollock</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Fenton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Fenton, Charleston, Mo</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephrosis</u>		<u>6 mos.</u>
	DUE TO (c) <u>Prostatic hypertrophy</u>		<u>9 mos.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocardial degeneration, hemiplegia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>610X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec/ 19 50, to Dec. 27, 19 51, that I last saw the deceased alive on Dec 27, 19 51 and that death occurred at 6:03P m., from the causes and on the date stated above.

23a. SIGNATURE <u>T. P. Fenton D.O.</u> (Degree or title)	23b. ADDRESS <u>T. P. Fenton, D. O. Wyatt, Missouri</u>	23c. DATE SIGNED <u>1/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 19 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. L. E. Kilgore</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Funnelle</u>	ADDRESS <u>The Funnelle Funeral Chapel, Charleston, Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

JAN 24 REC'D
JAN 24 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed JAN 25 1952

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 L. Munnell

Licensed Embalmer No. 3857

P. O. Address Charleston, 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.