

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19298**

FILED JUL 14 1952

BIRTH NO. **34100** REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **53**

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

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Lawrence	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mount		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Prince City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent		d. STREET ADDRESS (If rural, give location) 3 mile north of Prince City	

3. NAME OF DECEASED (Type or Print) a. (First) RANDAL b. (Middle) LEO c. (Last) FENSKKE			4. DATE OF DEATH (Month) (Day) (Year) June 27 - 52		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 27 = 52		9. AGE (In years last birthday) 0 Months 0 Days 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY C		11. BIRTHPLACE (State or foreign country) Mo	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Lawrence Fenske	13b. MOTHER'S MAIDEN NAME Katey Leuthen	14. NAME OF HUSBAND OR WIFE -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) -	16. SOCIAL SECURITY NO. 1-	17. INFORMANT'S SIGNATURE OR NAME Lawrence Fenske	ADDRESS Prince City
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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 30 min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cephalic meningeal		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Preceded delivery & difficulty in delivery of fetus requiring force.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

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) 7.610
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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?
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22. I hereby certify that I attended the deceased from **June 27, 1952** to **June 27, 1952**, that I last saw the deceased alive on **June 27, 1952** and that death occurred at **12:40 am.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert P. Dooly M.D.	23b. ADDRESS Mount Mo.	23c. DATE SIGNED 6-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 28	24c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery	24d. LOCATION (City, town, or county) (State) Prince City Mo
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DATE REC'D BY LOCAL REG. July 8 - 1952	REGISTRAR'S SIGNATURE Chives A. Worthington	25. FUNERAL DIRECTOR'S SIGNATURE Wilbur Bros	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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, only

Edwin P. Wilks

working under my personal supervision.

Student Embalmer No.....

Signed.....

Edwin P. Wilks

Signed.....
Student Embalmer

Licensed Embalmer No. 4131

P. O. Address June City, 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.