

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13002**  
Registrar's No. **92**

BIRTH NO. **24486-54** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Urbandale</b>	
		d. STREET ADDRESS (If rural, give location) <b>0880</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>m</b> c. (Last) <b>Fennel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 23<sup>rd</sup> 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>n.m.</b>	
8. DATE OF BIRTH <b>Apr 23<sup>rd</sup> 1954</b>		9. AGE (In years last birthday)		F UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>	
				12. CITIZEN OF WHAT COUNTRY	

13a. FATHER'S NAME <b>Jack Fennel</b>		13b. MOTHER'S MAIDEN NAME <b>Carol Frances Fowler</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jack Fennel, Urbandale, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs 30 min</b>
		ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) <b>Prematurity</b>			
		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 <b>7605</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **April 23, 1954**, to **April 23, 1954**, that I last saw the deceased alive on **April 23, 1954**, and that death occurred at **12:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert J. Hession, M.D.</b>		23b. ADDRESS <b>107 N. 5<sup>th</sup> St Moberly, Mo</b>		23c. DATE SIGNED <b>4/23/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-24-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	
				24d. LOCATION (City, town, or county) (State) <b>Moberly Mo</b>	

DATE REC'D BY LOCAL REG. <b>4-24-54</b>		REGISTRAR'S SIGNATURE <b>Leadline Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mahon and Low, Moberly Mo</b>	
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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 *Wm. E. Embalmer*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.