

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19654**

FILED JUL 12 1955

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give town) LOUISIANA		c. LENGTH OF STAY (in this place) LIFE	
c. CITY OR TOWN LOUISIANA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 So. MAIN STREET		STREET ADDRESS (If rural, give location) 213 So. MAIN STREET	
3. NAME OF DECEASED a. (First) STEVEN b. (Middle) EMMET c. (Last) FENROD		4. DATE OF DEATH (Month) (Day) (Year) JULY 1, 1955	
5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED		8. DATE OF BIRTH SEPT. 29, 1878	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FISHERMAN	
10b. KIND OF BUSINESS OR INDUSTRY FISHING		11. BIRTHPLACE (City and State or Foreign Country) PIKE Co. Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME GEORGE FENROD	
13b. MOTHER'S MAIDEN NAME FRANCES A. FPPERSON		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 498-14-0180	
17. INFORMANT'S SIGNATURE OR NAME MRS. DAVE FENROD		ADDRESS LOUISIANA, MO	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Atherosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ch. Pyelonephritis - argina	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from 6/25 , 19 53 , to 6/12/55 , that I last saw the deceased alive on 6/12/55 , and that death occurred at A m., from the causes and on the date stated above.			
23a. SIGNATURE John W. Middleton M.D. (Degree or title)		23b. ADDRESS Louisiana Mo.	
23c. DATE SIGNED 7/2/55		24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE JULY 3, 1955		24c. NAME OF CEMETERY OR CREMATORY RIVERVIEW CEM.	
24d. LOCATION (City, town, or county) LOUISIANA, MO (State) _____		24e. DATE RECD BY LOCAL REG. 7/6/55	
24f. REG. YEAR'S SIGNATURE Bernice Bellio		25. FUNERAL DIRECTOR'S SIGNATURE Geo. M. Collier	
25. ADDRESS 374 - Louisiana		_____	

(Licensed Embalmer's Statement on Reverse Side)

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

210

1951 12 27

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.....
Signature of Student Embalmer

Signed *Geo. M. Collier*.....

Licensed Embalmer No. *382*.....

P. O. Address *Louisiana*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.