

FILED AUG 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22114

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3221

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS CITY</u>) | | c. LENGTH OF STAY (in this place) <u>6 YEARS</u> | c. CITY OR TOWN <u>KANSAS CITY</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) <u>2965 JACKSON AVENUE</u> | | 3550 | |

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|-------------------------------------|--------------------------|-------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>DONALD</u> | b. (Middle) <u>PAUL</u> | c. (Last) <u>FENTON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY-26-1955</u> |
|-------------------------------------|--------------------------|-------------------------|-------------------------|---|

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| 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>JULY-18-1912</u> | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRODUCTION WORKER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FORD AIRCRAFT</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>KEARNEY NEBRASKA</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>WILLIAM P. FENTON</u> | 13b. MOTHER'S MAIDEN NAME <u>NELLIEA. DALOS</u> | 14. NAME OF HUSBAND OR WIFE <u>MILDRED FENTON</u> |
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| 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>486-09-4500</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MILDRED FENTON</u> | ADDRESS <u>3965 JACKSON AVE KANSAS CITY MO.</u> |
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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, asthma, 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>Toxicoinfection</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Carcinoma of urinary bladder</u> | | <u>1953</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic pyelonephritis</u> | | | <u>181 X</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" 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) |
| 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? |

22. I hereby certify that I attended the deceased from 8-22-, 1953, to 7-26-, 1955, that I last saw the deceased alive on July 26, 1955, and that death occurred at 1:15 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. A. Underwood</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>5100 E. 24th</u> | 23c. DATE SIGNED <u>7/27/55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>JULY 29 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>EASTLAWN CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD MISSOURI</u> |
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| DATE REC'D BY LOCAL REG. <u>7-29-55</u> | REGISTRAR'S SIGNATURE <u>Neva Minchell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer</u> | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Albert L. Savage*

Licensed Embalmer No...*781*...

P. O. Address *Kansas City*

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.