Health, Welfare Public Service

300
1-56

FILED APR 10 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 11884

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Bretton Twp. — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Near Potosi — Length of stay in 1b: 4 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Washington
c. CITY OR TOWN: Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Near Potosi — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Franklin Middle: Eugene Last: Fenstemaker
4. DATE OF DEATH: Month: April Day: 6 Year: 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 24 1913
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months 43 Days 6 — IF UNDER 24 HRS.: Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Retail Gro.
11. BIRTHPLACE (City and state or country): Thayer Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Fenstemaker
14. MOTHER'S MAIDEN NAME: Grace Loyd
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 498-05-1711
17. INFORMANT: Thelma Fenstemaker Address: Potosi Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 40 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Right Ventricular HEART STRAIN — 2 weeks
DUE TO (c) HEART BLOCK — 2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4330
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 1954 to April 6, 1957 and last saw him alive on April 6, 1957
Death occurred at 4:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edward W. Lake, D.O. (Degree or title) 2
22b. ADDRESS: Potosi, Missouri
22c. DATE SIGNED: April 9, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-9-57
23c. NAME OF CEMETERY OR CREMATORY: Whitelaw Grove Cem.
23d. LOCATION (City, town, or county) (State): Washington Co. Mo.

24. FUNERAL DIRECTOR: Mrs Lutha Spark ADDRESS: Potosi Mo.
25. DATE RECD. BY LOCAL REG.: 4/9/57
26. REGISTRAR'S SIGNATURE: Helen Kendall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED
APR 9 1957
WASH. COUNTY HEALTH DEPT.
File No. _____

MAY 29 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Murphy L Sparks

Licensed Embalmer No. 4556

P. O. Address Flat Rivers, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.