

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12148

STATE FILE NUMBER

FILED APR 29 1957

42

Primary Registration District No. 1000

1000

Registrar's No. 446

446

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 615 Robidoux St.		Length of stay in lb 50 years	d. STREET ADDRESS (If outside, give location) 615 Robidoux St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MAMIE Middle FENTON Last BAZAN			4. DATE OF DEATH Month April Day 19 Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 5, 1887	9. AGE (In years last birthday) 70 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Rushville, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John B. Fenton			14. MOTHER'S MAIDEN NAME Betty Allison		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Thomas J. Bazan, 615 Robidoux, St. Joseph, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis					INTERVAL BETWEEN ONSET AND DEATH 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					Over 1 yr.
DUE TO (b) Primary of the cervix					6 mo
DUE TO (c) Secondary anemia					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) bed patient					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 7/2/51 to 4/18/57 and last saw her ^{him} alive on 4/18/57 Death occurred at 2:45 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Defton Smith</i>			22b. ADDRESS 218 No 7th St. Joseph, Mo.		22c. DATE SIGNED 4/19/57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4/22/1957	23c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery	23d. LOCATION (City, town, or county) (State) Rushville, Mo.		
24. FUNERAL DIRECTOR Heston - Bowman		ADDRESS St Joseph, Mo.	25. DATE RECD. BY LOCAL REG. April 23, 1957	26. REGISTRAR'S SIGNATURE Kathleen M. Allison	

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

485

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 *James H. Hawkins*.....

Licensed Embalmer No. 4536

P. O. Address 319 2010th

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.