

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024627

STATE FILE NUMBER

37305-58
FILED JUL 28 1958

Registration District No.

42

Primary Registration District No.

1000

Registrar's No.

783

S. 300
1-57

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		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Mo. Meth. Hosp.		d. STREET ADDRESS (If outside, give location) 202 S. 11th St.	
3. NAME OF DECEASED (Type or print) First Middle Last LISA ANN FENOFF		4. DATE OF DEATH Month Day Year July 23, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 17, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Clifton E. Fenoff	
13b. MOTHER'S MAIDEN NAME Madeline Kenyon		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) none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Address Mrs. C. E. Fenoff, 202 S. 11th, 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) accidental suffocation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) lying on face + abdomen in bed DUE TO (c) --- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
INTERVAL BETWEEN ONSET AND DEATH none		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input checked="" 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 8:30 PM 7-23-58		20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) home	
20e. CITY, TOWN, OR LOCATION 131		20f. COUNTY Buchanan	
20g. STATE MO		20h. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) 202 S. 11th St. St. Joseph	
21. I attended the deceased from Death occurred at 8:30a.		21. I attended the deceased from Unseen body 7-23-58 and last saw her alive on m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title) St. Joseph Mo		22b. ADDRESS 214 N. 11th St. St. Joseph Mo	
22c. DATE SIGNED 7-23-58		22d. SIGNATURE Mr. Clark Randall	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/25/1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph Missouri
24. FUNERAL DIRECTOR Walter Bowman		25. DATE RECD. BY LOCAL REG. July 25, 1958	
26. REGISTRAR'S SIGNATURE Mr. Clark Randall		26. REGISTRAR'S SIGNATURE	

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *St. Joseph, Mo.*

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.