

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043832

STATE FILE NUMBER

DEC 22 1958 Registration District No. 128 Primary Registration District No. Registrar's No. 1212

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural 1st Franklin</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Rural 1st Franklin</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 1 Fair Grove</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Rt. 1 Fair Grove</b>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>MARY</b> Middle <b>LORETTA</b> Last <b>FENDER</b>			4. DATE OF DEATH Month <b>Dec.</b> Day <b>13,</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>15 Apr. 1873</b>	9. AGE (In years birthday) <b>85</b>	FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Henry Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Fletcher</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y or unknown) (If Y give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT <b>Gertrude Campbell Rt. 1 Fair Grove, Mo.</b>	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio Renal Vascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>NK</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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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 <b>Springfield, Missouri</b>	COUNTY <b>Greene</b>	STATE
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21. I attended the deceased from <b>1957</b> to <b>12-13-58</b> and last saw her alive on <b>12-10-58</b> Death occurred at <b>12:00</b> P.m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>[Signature]</i>	(Deed or title)	22b. ADDRESS <b>Spigd. Medical Bldg. Springfield, Missouri</b>	22c. DATE SIGNED <b>12-15-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-15-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Hope</b>	23d. LOCATION (City, town, or county) (State) <b>Greene County, Missouri</b>
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24. FUNERAL DIRECTOR <b>J.W. KLINGNER &amp; CO.</b>	ADDRESS <b>Spigd. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12-18-58</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300 1-57

Name of Deceased: \_\_\_\_\_  
 Date of Death: \_\_\_\_\_  
 Place of Death: \_\_\_\_\_  
 Residence: \_\_\_\_\_  
 Home: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_  
 Burial Place: \_\_\_\_\_  
 Date of Burial: \_\_\_\_\_  
 Name of Undertaker: \_\_\_\_\_  
 Name of Embalmer: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**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 \_\_\_\_\_

Licensed Embalmer No. 4671

P. O. Address \_\_\_\_\_

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.