Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013969

STATE FILE NUMBER

FILED APR 22 1959 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY OR TOWN Mt. Vernon — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo.State Sanatorium — Length of stay in 1b: 4 days

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

3. NAME OF DECEASED (Type or print) First: Thomas Middle: J. Last: Fenton

4. DATE OF DEATH Month Day Year: March 24, 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH Dec. 26, 1889

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Caleb A. Fenton

13b. MOTHER'S MAIDEN NAME Virginia Hall

14. NAME OF HUSBAND OR WIFE

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. unknown

17. INFORMANT San.records, Mo.State San., Mt.Vernon, Mo. — Address

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) Congestive failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) cor pulmonale and constrictive pericarditis
DUE TO (c) Pulmonary tuberculosis, bilateral
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Bilateral bronchiectasis & old pleurisy 002X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 Mar. 20, 1959, to Mar. 24, 1959 and last saw ~~him~~ him alive on Mar. 24, 1959
Death occurred at 11:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Lewis Gates, M.D. (Degree or title)

22b. ADDRESS Mt. Vernon, Mo.

22c. DATE SIGNED 3-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3-24-59

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) Columbia, (State) Mo.

24. FUNERAL DIRECTOR M. L. Fossett — **ADDRESS** Mt. Vernon, Mo.

25. DATE RECD. BY LOCAL REG. 4-7-59

26. REGISTRAR'S SIGNATURE Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

DIS
TES,
M.D.

APR 2 2 1959

JUL 2 8 1959

JUL 1 4 1959

AS APR 2 2 1959

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 B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Mt. Vernon, Ill.

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.