

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020959
STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 687

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		Length of stay in lb 50 years	d. STREET ADDRESS (If outside, give location) 940 E. Loren		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) GEORGE EVERETT FENDER			4. DATE OF DEATH Month June Day 23 Year 1959		
5. SEX Male	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 September 11, 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 9 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop Foreman (Retired)		10b. KIND OF BUSINESS OR INDUSTRY Traction Company		11. BIRTHPLACE (City and state or country) Greene County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert C. Fender		13b. MOTHER'S MAIDEN NAME Millie Swadley	
14. NAME OF HUSBAND OR WIFE Beulah Kline Fender		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.	
17. INFORMANT Mrs. Beulah K. Fender		Address Springfield, 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) Arterio Sclerotic Heart Disease with DUE TO (b) congestive Failure DUE TO (c) Angina Pectoris	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 14 years.		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Expired suddenly when he had been feeling as well as usual	
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 _____ 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 10-20-53 , to 6-23-59 and last saw ^{him} 4-28-59 Death occurred at 1:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. S. Gorman</i>		(Degree or title) M.D.		22b. ADDRESS 609 Cherry-Springfield, Mo.	
22c. DATE SIGNED 6-24-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 25, 1959	
23c. NAME OF CEMETERY OR CREMATORY Greenlawn		23d. LOCATION (City, town, or county) (State) Springfield, Missouri			
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home		ADDRESS Springfield, Missouri		25. DATE RECD. BY LOCAL REG. 6-26-59	
26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>		(Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *L. Doolin Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.