

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034883

STATE FILE NUMBER

FILED VS SEP 30 1959

Registration District No.

Primary Registration District No. 13074

Registrar's No. 159

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Scott					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston		Length of stay in 1b 22-days		c. CITY OR TOWN BENTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Community			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) P. O. D. /			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Wilson Middle Randol Last Fenimore				4. DATE OF DEATH Month 9 Day 10 Year 1959					
5. SEX Male		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 8-30-1909		9. AGE (last birthday) 49 years	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) office clerk			10b. KIND OF BUSINESS OR INDUSTRY McKnight-Keaton		11. BIRTHPLACE (City and state or country) Jackson, Missouri		12. CITIZEN OF WHAT COUNTRY America		
13a. FATHER'S NAME Robert L. Fenimore			13b. MOTHER'S MAIDEN NAME Martha Elizabeth Randol			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) No			16. SOCIAL SECURITY NO. 491-16-3794		17. INFORMANT Address Mrs Benson Jones - Sikeston 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) Carcinoma of the lung with extensive metastases to brain kidneys and right axilla								INTERVAL BETWEEN ONSET AND DEATH 18 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.		Month, Day, Year							
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 8-19-59 to 9-10-59 and last saw him alive on 9-10-59				Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deedee or title) John Sargent, M.D.				22b. ADDRESS 707 Tanner Street Sikeston, Missouri			22c. DATE SIGNED 9-10-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-12-59		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) Sikeston		(State) Mo	
24. FUNERAL DIRECTOR ADDRESS Wells Funeral Home Sikeston Mo.				25. DATE RECD. BY LOCAL REG. 9-12-59		26. REGISTRAR'S SIGNATURE Mrs Ella Hunter			

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

SEP 17 1958

SEP 18 1960

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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston

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.