

FILED JAN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42592

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 387		
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia Missouri		c. LENGTH OF STAY (in this place) 22 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia				
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) None 420 EAST 10th				d. STREET ADDRESS (If rural, give location) 420 East 10th				
3. NAME OF DECEASED (Type or Print) a. (First) ALVENA b. (Middle) AMELIA c. (Last) FENDER			4. DATE OF DEATH (Month) (Day) (Year) December 30 1948					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 5 1879		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bloomington, Ill.			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Tingler			13b. MOTHER'S MAIDEN NAME Elizabeth Brans		14. NAME OF HUSBAND OR WIFE Jacob F Fender			
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. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jacob F. Fender 420 E 10th Sedalia, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 480	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Cervix ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Cervix DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operated abdominal for Adhesions						INTERVAL BETWEEN ONSET AND DEATH 2 mos 1 yr.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Spreading Carcinoma						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Sedalia (STATE) MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 1948, to Dec 30, 1948, that I last saw the deceased alive on Dec 30, 1948, and that death occurred at 11:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Type or Print) W.D. Campbell, M.D.				23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 12-31-48		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 3 1949	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri			
DATE REC'D BY LOCAL REG. 12-31-48	REGISTRAR'S SIGNATURE Betty Yeager 251			25. FUNERAL DIRECTOR'S SIGNATURE W. Heckart			ADDRESS Sedalia, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-19-49

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.

Signed Frank S. Coffman Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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 this body is not embalmed, fact should be so stated above.