

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29212

State File No.

REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 83

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden 0510</u>	
c. LENGTH OF STAY (in this place) <u>28 days</u>		d. STREET ADDRESS (If rural, give location) <u>Unknown 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3</u>			
3. NAME OF DECEASED a. (First) <u>Jamie</u> (Type or Print)		b. (Middle) <u>Lafayette</u> c. (Last) <u>Fender</u>	
4. DATE OF DEATH <u>Aug. 10-1950</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1-18-1867</u>
9. AGE (In years last birthday) <u>83</u>		10. UNDER 1 YEAR Months <u>6</u> Days <u>23</u> Hours <u></u> Min. <u></u>	11. BIRTHPLACE (State or foreign country) <u>Dixon Ill</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	
11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Abraham Fender</u>		13b. MOTHER'S MAIDEN NAME <u>America Meyers</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna M. Fender</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp. # 3</u>		ADDRESS <u>State Hosp. # 3</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Heart disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis Unknown</u> DUE TO (c) <u>Rayonism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rayonism with Cereb. Art. Scl.</u> INTERVAL BETWEEN ONSET AND DEATH <u>1200</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>No Operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK? () NOT WHILE AT WORK? () <u>None</u>	
21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>July 13, 1950</u> , to <u>Aug 10, 1950</u> , that I last saw the deceased alive on <u>Aug 10, 1950</u> , and that death occurred at <u>9:45 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul L. Barone MD</u>		23b. ADDRESS <u>State Hospital 3 Nevada</u>	
23c. DATE SIGNED <u>Aug 9/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>		24b. DATE <u>Aug 10 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Fairview cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 10, 50</u>		REGISTRAR'S SIGNATURE <u>Ralph H. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>E.D. Cast</u>		ADDRESS <u>Holden, Mo.</u>	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 21 1950

Dist. File 850-1002

Date Filed 8-21-50

AUG 28 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed EB Cast

Signed.....
Student Embalmer

Licensed Embalmer No. 4059

P. O. Address Holden, 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.