

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1950

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 287

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> c. LENGTH OF STAY (in this place) <u>4 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St Francis Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Carruthersville 1000</u> d. STREET ADDRESS (If rural, give location) <u>R.F. D # 1</u>	
3. NAME OF DECEASED a. (First) <u>Wanda</u> b. (Middle) <u>Jean</u> c. (Last) <u>Fennell</u> (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 19 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Sept. 15, 1950</u>
9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Months <u>0</u> IF UNDER 11 HRS. Days <u>4</u> Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>
11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo 2189</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Otis Fennell</u>		13b. MOTHER'S MAIDEN NAME <u>Huston Clay</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Otis Fennell, Carruthersville, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelctasis - Secondary</u> ANTECEDENT CAUSES <u>pneumonia -</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>7620</u>	
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) (STATE)		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 <u>9-17, 1950</u> , to <u>9-19, 1950</u> , that I last saw the deceased alive on <u>9-19, 1950</u> , and that death occurred at <u>1:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Chas. J. Verbeek M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	
23c. DATE SIGNED <u>9/19/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>Sept. 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Carruthersville Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold B. Haman</u>	
DATE REC'D BY LOCAL REG. <u>9-19-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
ADDRESS <u>Cape Gir. Mo</u>		ADDRESS <u>Cape Gir. Mo</u>	

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 _____

Body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Heward R. Haman*

Licensed Embalmer No. *4122*

P. O. Address *Cape Girardeau, 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.