

FILED SEP 30 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31061

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3049 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution/ residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>120 Collins St. Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>120 Collins Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adaline</u> b. (Middle) <u>Fenton</u> c. (Last) <u>Fenton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-21-1950</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>9-9-1846</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>02</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Michigan</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Jonas Petweiler</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Eby</u>		14. NAME OF HUSBAND OR WIFE <u>George Fenton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lee Calver Hannibal 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8/10/49</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiorenal syndrome -</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 radical surgeries for malignancy 1946</u>		442X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) (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 8/1, 1949, to 9/21, 1950, that I last saw the deceased alive on 9/21, 1950, and that death occurred at 10:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dam A. Buchanan</u>	23b. ADDRESS <u>P.O. 2504 Broadway Hannibal Mo</u>	23c. DATE SIGNED <u>9/22/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Marion, Mo.</u>

DATE REC'D BY LOCAL REG. <u>9-23-50</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>B. M. Allen Philadelphia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

44

RECEIVED SEP 27 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed B M Allen

Signed.....
Student Embalmer

Licensed Embalmer No. 2437

P. O. Address Philadelphia, 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.