

FILED DEC 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43259

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 252

972
0

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

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline 972		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 30 Min.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		0
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon Memorial			d. STREET ADDRESS (If rural, give location) 451 S. Benton		
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin		b. (Middle) Green	c. (Last) Fenwick	4. DATE OF DEATH (Month) (Day) (Year) Dec. 15 1950	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced - 3	8. DATE OF BIRTH June 16, 1888	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George H. Fenwick		13b. MOTHER'S MAIDEN NAME Lucy C. Herndon		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. 494-20-9068	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary J. Aulgur Sweet Springs Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Heart Disease				4/20/1
	ANTECEDENT CAUSES 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 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 Dec 15, 1950, to Dec 15, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 7:00 P. m., from the causes and on the date stated above.					
23a. SIGNATURE James C. Reid		(Degree or title) M.D.	23b. ADDRESS Marshall Mo		23c. DATE SIGNED 12-16-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 17, 1950	24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem	24d. LOCATION (City, town, or county) (State) Marshall, Mo.		
DATE REC'D BY LOCAL REG. Dec. 16-1950	REGISTRAR'S SIGNATURE Sidney F. Gray 385		25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger	ADDRESS Marshall, Mo.	

REC'D N. E. W. W. W.

RECEIVED 12-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-18-50

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.....
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, In

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.