No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 15 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37278

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5215

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 3739 Bell St. 3468

3. NAME OF DECEASED (Type or Print): a. (First) Luella b. (Middle) M. c. (Last) Fenn
4. DATE OF DEATH (Month) Dec. (Day) 4 (Year) 1951
5. SEX: Fe.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 18, 1868
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 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: At Home
11. BIRTHPLACE (State or foreign country): St Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Alonzo W. Cowles
13b. MOTHER'S MAIDEN NAME: Esther I. Jones
14. NAME OF HUSBAND OR WIFE: Edward P. Fenn K.C. Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Edward P. Fenn, ADDRESS: Kansas City, Mo.

**MEDICAL CERTIFICATION**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct acute — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) arteriosclerotic Heart disease — many years

DUE TO (c) — 42 yr

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 ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1945, *to* Dec 4, 1951, *that I last saw the deceased alive on* Dec 3, 1951, *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE Martin P. Hunter, MD (Degree or title): Martin P. Hunter M.D.
23b. ADDRESS: 1408 Waldheim Bldg.
23c. DATE SIGNED: 12/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/6/1951
24c. NAME OF CEMETERY OR CREMATORY: Mt Mora Cem.
24d. LOCATION (City, town, or county) (State): St Joseph, Missouri.

DATE REC'D BY LOCAL REG.: 12-5-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Gates Funeral Home, Kansas City, Kan

(Licensed Embalmer's Statement on Reverse Side)

Mr. Hunter
Waldheim Bldg.

## 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 Jimmy S. Luckhart

Signed.....
Student Embalmer

Licensed Embalmer No. 4092

P. O. Address Mission, Kansas

**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.