V.S. No. 300
REV. 10.46

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15595

State File No.

BIRTH NO. REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 27

0105
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1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hulen Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 210-11
d. STREET ADDRESS (If rural, give location): Route 3 0

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): THOMAS
c. (Last): FENTON

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1952.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed W
8. DATE OF BIRTH: Sept. 6, 1866
9. AGE (In years last birthday): 85 — If under 1 year: Months 8, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (City and State or Foreign Country): Boone County, Missouri C
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Fenton
13b. MOTHER'S MAIDEN NAME: Sarah Drane
14. NAME OF HUSBAND OR WIFE: Mary Gates Fenton

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.: ——
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Clark Creed, Columbia, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of Old age — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis — several years
DUE TO (c) Chronic Nephritis — several years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hemiplegia — April 1950

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION: 593 X
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* 9-26-51 *19*, to 6-4-52, *19*, *that I last saw the deceased alive on* 6-4-52, *19*, *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. O. Baker, M.D.
23b. ADDRESS: Centralia Mo
23c. DATE SIGNED: 6-6-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Bethelhem Cemetery
24d. LOCATION (City, town, or county) (State): Boone County, Missouri.

DATE REC'D BY LOCAL REG.: June 7th 1952
REGISTRAR'S SIGNATURE: Maud McBride 30-1
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Parker Funeral Service, Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~ .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clarence M. Billo

Licensed Embalmer No. 4325

P. O. Address Columbia, 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.