

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37557**

FILED DEC 5 1952

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **92**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Comm. Hosp.		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) IRVING b. (Middle) CLAYTON c. (Last) SENFT			4. DATE OF DEATH (Month) (Day) (Year) Nov 29, 1952	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 17, 1879	9. AGE (In years; last birthday) 73-0-17	10. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) Retired Salesman Watkins Products	11. BIRTHPLACE (City and State or Foreign Country) Jesse, Ohio	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Theodore Senft	13b. MOTHER'S MAIDEN NAME Anna Van Lehn	14. NAME OF HUSBAND OR WIFE Cora A Senft
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or phase of service) No	16. SOCIAL SECURITY NO. 496-03-1322	17. INFORMANT'S SIGNATURE OR NAME Mrs Robert Caught ADDRESS Fairfax Mo	
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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) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 1 yr. DUE TO (c) Generalized arteriosclerosis 3 yrs.		
		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"/>
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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) 4280
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 1, 1951**, to **Nov 29, 1952**, that I last saw the deceased alive on **Nov 29, 1952**, and that death occurred at **1:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James L. Coffey, MD	23b. ADDRESS Fairfax Mo.	23c. DATE SIGNED 12-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 2, 1952	24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge	24d. LOCATION (City, town, or county) (State) Fairfax Mo.
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DATE REC'D BY LOCAL REG. Dec 2, 1952	REGISTRAR'S SIGNATURE Marvin W. Schaefer ADDRESS 443 General Home Fairfax Mo.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JUN 1 0 1954

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.

Student
Student Embalmer

Signed Marvin H. Schooler

Licensed Embalmer No. 4162

P. O. Address Tariff, 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.