

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16708**

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **93**

972
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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		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (in this place) 30 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		0972
d. FULL NAME OF HOSPITAL OR INSTITUTION 751 West North			d. STREET ADDRESS (If rural, give location) 751 West North		
3. NAME OF DECEASED (Type or Print) a. (First) Lester b. (Middle) Marion c. (Last) Fenwick			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 24, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 1 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building Const.	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Benjamin F. Fenwick		13b. MOTHER'S MAIDEN NAME Elizabeth Staples	14. NAME OF HUSBAND OR WIFE Anna Herndon Fenwick		
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Herndon Fenwick Marshall, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 wks
			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 Arterial Sclerosis 4 yrs.		
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)		4201
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 4/4 , 19 53 , to 4/27 , 19 53 that I last saw the deceased alive on 4/27 , 19 53 and that death occurred at 4 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Anna Herndon Fenwick (Degree or title)		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 4/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 29, 1953	24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery	24d. LOCATION (City, town, or county) (State) Marshall, Missouri		
DATE REC'D BY LOCAL REG. 4-29-1953	REGISTRAR'S SIGNATURE Lidney J Gray 385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell-Lewis Marshall, Mo.		

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 *James H. Lewis* _____

Licensed Embalmer No. *4709* _____

P. O. Address *Marshall, 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.