

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29908

State File No.

FILED SEP 20 1954

BIRTH MO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5130 Registrar's No. 991

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) Rural: Rush Twp.
c. LENGTH OF STAY (In this place) life

c. CITY OR TOWN Rushville
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 1/2 mile S.E. of Rushville, Mo
e. STREET ADDRESS (If rural, give location) R. R. #1

3. NAME OF DECEASED
a. (First) Elizabeth b. (Middle) Frances c. (Last) Fenton

4. DATE OF DEATH Sept. 10, 1954

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Sept. 23, 1864

9. AGE (In years last birthday) 89
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 own home

11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James H. Allison

13b. MOTHER'S MAIDEN NAME Martha Eastbourn

14. NAME OF HUSBAND OR WIFE John B.

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 Cleve M. Fenton, R.R.#1, Rushville, Mo. ADDRESS _____

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) Arteriosclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Disease
DUE TO (c) Arthritis Deformans
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2 yrs +
3 yrs
8 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4/200

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)

21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-1-, 1942, to 9-2-, 1954, that I last saw the deceased alive on 9-2-54, 1954, and that death occurred at 2:15p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Cynthia Smith M.D.

23b. ADDRESS 218 N. Seventh St. St. Joseph 54, Missouri

23c. DATE SIGNED 9-11-54

24a. BURIAL CREMATION, REMOVAL (Specify) burial

24b. DATE 9/13/1954

24c. NAME OF CEMETERY OR CREMATORY Sugar Creek Cemetery

24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri

DATE REC'D BY LOCAL REG. Sept. 15, 1954

REGISTRAR'S SIGNATURE Heather M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE Wheaton-Bowman ADDRESS St. Joseph, Mo.

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, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.