

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 12

1. PLACE OF DEATH  
a. COUNTY Clay  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural-Near Liberty Mo.  
c. LENGTH OF STAY (in this place) 6 wk.  
d. FULL NAME OF HOSPITAL OR INSTITUTION I-O-O-F Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Clay  
c. CITY OR TOWN Excelsior Springs  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 3 Miles N.E. 6000 D

3. NAME OF DECEASED  
a. (First) HENRY b. (Middle) ##### c. (Last) FEHRENBACH

4. DATE OF DEATH  
(Month) (Day) (Year)  
Feb 18 1955

5. SEX  
Male 0

6. COLOR OR RACE  
White

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

8. DATE OF BIRTH  
July 12 1864

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Min.  
90 07 6

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Farming

11. BIRTHPLACE (City and State or Foreign Country)  
Waldkirch, Germany

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Unknown

13b. MOTHER'S MAIDEN NAME  
Unknown

14. NAME OF HUSBAND OR WIFE  
Mrs Hannah Fehrenbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  
no

16. SOCIAL SECURITY NO.  
no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mr Leonard Fehrenbach-Stratton Colo.

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) Encephalomalacia  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Seul Arteriosclerosis  
DUE TO (c) \_\_\_\_\_  
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 weeks  
years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
332X

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) (Min.)

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 Jan 1, 1955, to Feb 18, 1955, that I last saw the deceased alive on Feb 18, 1955, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Wm Gadsden M.D.

23b. ADDRESS  
Liberty Mo

23c. DATE SIGNED  
7/19/55

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
FEB. 22 55

24c. NAME OF CEMETERY OR CREMATORY  
Salem Cemetery

24d. LOCATION (City, town, or county) (State)  
Excelsior Springs Mo.

DATE REC'D BY LOCAL REG.  
Feb 25 1955

REGISTRAR'S SIGNATURE  
Mabel Graham 491

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Virgil Hoop, Ex. Sigs. Mo.

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

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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.....

Licensed Embalmer No....3296

P. O. Address Excelsior. Sp

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.