

FILED JUL 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21698**
Registrar's No. **35**

BIRTH NO. _____ REG. DIST. NO. **114** PRIMARY REG. DIST. NO. **4186**

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SULLIVAN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STANTON	
c. LENGTH OF STAY (in this place) 2 YRS		d. STREET ADDRESS (If rural, give location) 0360	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED a. (First) CECEHA b. (Middle) CHRISTINA c. (Last) FENTON			4. DATE OF DEATH (Month) (Day) (Year) JULY 14 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 9 1888		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME JOHN SPINDLER		13b. MOTHER'S MAIDEN NAME CHRISTINA COURTNEY		14. NAME OF HUSBAND OR WIFE WILLIAM C. FENTON	
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 ROBERT FENTON ST. LOUIS, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH HOURS 5 Days 20 YEARS
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PYELONEPHRITIS & COMPLICATIONS DUE TO (c) HYPERTENSIVE CARDIOVASCULAR DISEASE		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4701		

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **July 22, 1954** to **July 14, 1955**, that I last saw the deceased alive on **July 14, 1955**, and that death occurred at **10:58 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas G. Sullivan, M.D.		23b. ADDRESS 40 1/2 Inglewood Dr Sullivan, Mo.		23c. DATE SIGNED July 15 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE July 18 1955	24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		
DATE REC'D BY LOCAL REG. 7/17/55	REGISTRAR'S SIGNATURE Thomas G. Sullivan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan, Mo.		

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

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JUL 25 1955

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

J. A. Humphrey

Licensed Embalmer No. *4772*

P. O. Address *Sullivan*

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.