

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28613

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 166

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. CITY OR TOWN Marshall	d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
c. LENGTH OF STAY (in this place) 4 days		e. STREET ADDRESS (If rural, give location) 573 South Lafayette	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fitzgibbon hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Lena b. (Middle) Mallman c. (Last) Fenwick			4. DATE OF DEATH (Month) (Day) (Year) Sept. 1st, 1955.		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 25th, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 6 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Quincy, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Mallman		13b. MOTHER'S MAIDEN NAME Mary Hetzert		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Martha Gregory, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Cerebral Hemorrhage ANTECEDENT CAUSES Asthenic conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Semility		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) Marshall Saline Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **Aug. 28, 1955**, to **Aug. 1, 1955**, that I last saw the deceased alive on **Aug. 31, 1955**; and that death occurred at **9 A** m., from the causes and on the date stated above.

23a. SIGNATURE John R. Lawrence (Degree or title) M.D.		23b. ADDRESS Marshall Mo		23c. DATE SIGNED 9-2-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Arrow Rock cemetery		24d. LOCATION (City, town, or county) (State) Arrow Rock, Missouri	
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DATE REC'D BY LOCAL REG. 9-2-55		REGISTRAR'S SIGNATURE Cecil J. Reed		385		25. FUNERAL DIRECTOR'S SIGNATURE Campbell-Lewis ADDRESS Marshall, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

Licensed Embalmer No. 476

P. O. Address Marshall

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.