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FILED DEC 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36628

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Grundy	
b. CITY OR TOWN Trenton		c. CITY OR TOWN Trenton	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1003 E 6th St.		e. STREET ADDRESS (If rural, give location) 1003 E 6th St. 0409	

3. NAME OF DECEASED (Type or Print) Walter Fenstermacher	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) NOV. 16 1955
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5. SEX Male	6. COLOR OR RACE w	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 8, 1881	9. AGE (In years last birthday) (Months) (Days) 74	IF UNDER 1 YEAR IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RAILWAY EMPLOYEE	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) SPICKARD MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Theobald Fenstermacher	13b. MOTHER'S MAIDEN NAME LAVINA LINGenfelter	14. NAME OF HUSBAND OR WIFE Nellie Fenstermacher
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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 Nellie Fenstermacher ADDRESS Trenton MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 weeks
	ANTECEDENT CAUSES Morbidity 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. 331x		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Oct 25th 1955**, to **Nov 16th 1955**, that I last saw the deceased alive on **Nov 14th 1955**, and that death occurred at **1:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Oliver F. Duffy M.D.	23b. ADDRESS Trenton Mo	23c. DATE SIGNED Nov 16th 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov 18 1955	24c. NAME OF CEMETERY OR CREMATORY COON Cemetery	24d. LOCATION (City, town, or county) (State) Mill Grove MO
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DATE REC'D BY LOCAL REG. 11-18-55	REGISTRAR'S SIGNATURE Gene Dan	25. FUNERAL DIRECTOR'S SIGNATURE Naum - Blackmore ADDRESS Trenton mo
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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.....
J. Gordon Blackman

Licensed Embalmer No. *460*

P. O. Address *Trenton, N.J.*

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.