No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33454

State File No.

FILED OCT 29 1956

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 307

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson City
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Osage
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chamois
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) WILLIAM
c. (Last) FENT

4. DATE OF DEATH (Month) (Day) (Year) October 20-56

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 7 April 1873
9. AGE (In years last birthday) 73 | 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) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Osage county, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Fent
13b. MOTHER'S MAIDEN NAME Elizabeth Duncan
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S ~~SIGNATURE OR~~ NAME Louis Fent, ADDRESS Chamois, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4900
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) 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* 10-15-, 1956, *to* 10-20, 1956, *that I last saw the deceased alive on* 10-20, 1956, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Earl L. Lloyd (Degree or title) M.D.
23b. ADDRESS Jeff City Mo
23c. DATE SIGNED 10-22-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 23-56
24c. NAME OF CEMETERY OR CREMATORY Giedenghagen Cemetery
24d. LOCATION (City, town, or county) Mt Sterling (State) Mo.

DATE REC'D BY LOCAL REG. 22 Oct 1956
REGISTRAR'S SIGNATURE R. P. Morris MD
25. FUNERAL DIRECTOR'S SIGNATURE N. R. Stanley E. Thorpe
ADDRESS Chamois Mo

(Licensed Embalmer's Statement on Reverse Side)

8-0

NOV 14 1958

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 Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Chamois Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.