

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-0-17465
STATE FILE NUMBER

FILED MAY 23 1957

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 201

Health, Welfare Public Service

300-1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) <u>Indep. Hospital</u>			Length of stay in lb <u>47 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1128 West Walnut</u>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Earl</u> Middle <u>B</u> Last <u>Fenn</u>				4. DATE OF DEATH Month <u>May</u> Day <u>12</u> Year <u>1957</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 7-1890</u>		
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u> Hours <u>0</u> Min. <u>0</u>		11. BIRTH PLACE (City and state or country) <u>Clinton Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (City and state or country)		
13. FATHER'S NAME <u>Josiah Fenn</u>				14. MOTHER'S MAIDEN NAME <u>Minnie Brachway</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-36-4920</u>		17. INFORMANT Address <u>Mrs. M. M. Fenn, 11236 Walnut, Indep. Mo.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis left middle cerebral artery with marked encephalomalacia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>left cerebral cortex</u> DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____							INTERVAL BETWEEN ONSET AND DEATH <u>30 days</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <u>5/9/57</u> to <u>5/12/57</u> and last saw him <u>him</u> alive on <u>5/12/57</u> Death occurred at <u>5:55 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Vance E. Lusk, M.D.</u>				22b. ADDRESS <u>Independence, Mo.</u>		22c. DATE SIGNED <u>5/13/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>May 15, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Main St. Home</u>		23d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>		
24. FUNERAL DIRECTOR <u>Richard A. Speaks, Indep. Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>5-15-57</u>		26. REGISTRAR'S SIGNATURE <u>Vance E. Lusk</u>			

(Licensed Embalmer's Statement on Reverse Side)

34-0

MAY 22 1957

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 *A. Kenneth Patterson*

Licensed Embalmer No. *469*

P. O. Address *Indy*

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.