

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40324**
5144
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 5144			
1. PLACE OF DEATH a. COUNTY Jackson County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo.		c. LENGTH OF STAY (In this place) 55 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 5018 EAST AIRBORNE LIND.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				3. NAME OF DECEASED a. (First) William b. (Middle) DENNETT c. (Last) Fernald					
4. DATE OF DEATH (Month) (Day) (Year) November 2, 1957		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			
8. DATE OF BIRTH OCTOBER 8 1889		9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GENERAL AGENT		10b. KIND OF BUSINESS OR INDUSTRY DENVER RIDGWAYS			
11. BIRTHPLACE (City and State or Foreign Country) MT. PLEASANT IOWA		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME WILLIAM FERNALD		13b. MOTHER'S MAIDEN NAME NANCY HOUGH			
14. NAME OF HUSBAND OR WIFE Mrs. MINERVA FERNALD		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 709-01-7693		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. MINERVA FERNALD 401 EAST AIRBORNE KANSAS CITY 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 20-21 mos.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Metastasis				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Adeno Carcinoma Recto Sigmoid				28 mos.	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				154+	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Adeno Carcinoma Recto Sigmoid Op. July '55.				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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)		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 1950 , 19___, to 11-2 , 1957, that I last saw the deceased alive on 11-1 , 1957, and that death occurred at 7:15 A. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) of Harold M. Roberts M.D.				23b. ADDRESS 1103 Grand KC MO		23c. DATE SIGNED 11-2-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV. 4. 1957		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 11-4-57		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS D. H. Newman's Sons 1331 BASH CREEK KANSAS CITY MO.					

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Harold M. Roberts

EMBALMER

SEP 10 1951



SEP-10-1951

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 Edward M. Stoney

Licensed Embalmer No. 4852

P. O. Address K. C. 10 mo.

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.