

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004567
STATE FILE NUMBER 200

FILED MAR 2 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ravenwood
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) none

3. NAME OF DECEASED (Type or print) First Middle Last Leo Samuel Fertig			4. DATE OF DEATH Month Day Year Feb. 21, 1959		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 17, 1912	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Depot Agent	10b. KIND OF BUSINESS OR INDUSTRY CGW Railroad	11. BIRTHPLACE (City and state or country) Benton, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Floyd Fertig	13b. MOTHER'S MAIDEN NAME Vernnie Groves	14. NAME OF HUSBAND OR WIFE Mary M. Bumgarner Fertig
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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. unknown	17. INFORMANT Mrs. Mary M. Fertig, Ravenwood, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Azotemia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerotic nephritis		Unknown
	DUE TO (c) Arteriosclerosis		Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive and arteriosclerotic heart disease		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

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
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21. I attended the deceased from Feb. 17, 1959 to Feb. 21, 1959 and last saw ^{him} alive on Feb. 20, 1959
Death occurred at 2 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Allen S. Serman</i> (Degree or title) H.D.	22b. ADDRESS 706 Francis St. St. Joseph, Mo.	22c. DATE SIGNED 2-21-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE Feb. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Benton Cemetery	23d. LOCATION (City, town, or county) (State) Benton, Iowa
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24. FUNERAL DIRECTOR <i>Messiah Hoffman</i>	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 24, 1959	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Zandell</i>
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Dr. Allen S. Serman
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Nov. 10 1959

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 *Albert A. Jernigan*
Licensed Embalmer No. *5237*
P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.