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FILED VS JUL 28 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

-60-025734
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 94

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Monett — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Vincents Hospital — Length of stay in Ib 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Lawrence
c. CITY OR TOWN Pierce City 055 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Rural Route 1 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Mary Middle Thresa Last Fenske
4. DATE OF DEATH Month 7 Day 18 Year 1960
5. SEX Male 1
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH December 14, 1896
9. AGE (In years at last birthday) 63 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (City and state or country) Barry County Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Witt
13b. MOTHER'S MAIDEN NAME Thresa Mollering
14. NAME OF HUSBAND OR WIFE Ben Fenske
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 Mr. Ben Fenske RR 1 Pierce City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Rheumatic aortic stenosis congestive failure — INTERVAL BETWEEN ONSET AND DEATH 11 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 410 X H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Diabetes Mellitus. Arteriosclerosis of Bypass with Pulmonary Interstitial
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 Sept 1956, to July 18, 1960 and last saw her him alive on July 17, 1960
Death occurred at 12:40 p.m. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE Robert R. Dooley (Degree or title) M.D.
22b. ADDRESS Monett, Mo.
22c. DATE SIGNED July 21, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/20/1960
23c. NAME OF CEMETERY OR CREMATORY St. Marys
23d. LOCATION (City, town, or county) (State) Pierce City, Mo.

24. FUNERAL DIRECTOR Wm. J. Wessell — ADDRESS Pierce City, Mo.
25. DATE RECD. BY LOCAL REG. 7-21-60
26. REGISTRAR'S SIGNATURE Mrs P. N. Cook

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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Rec. 1-21-60

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 R. Gordon Burnett

Licensed Embalmer No. 4213

P. O. Address Mount, Ohio

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.