MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-010068
STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 58

FILED VS MAR 16 1961

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN Newburg
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Nelle Middle: Annasticia Last: Fenton
4. DATE OF DEATH Month: March Day: 4 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb 20, 1886
9. AGE (last birthday): 75
IF UNDER 1 YEAR Months: 0 Days: 14 IF UNDER 24 HR 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): South Dakota
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fredric Olds
13b. MOTHER'S MAIDEN NAME: Alzina Sprague
14. NAME OF HUSBAND OR WIFE: Wm Fenton
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.: None
17. INFORMANT: Louise Fenton Address: Newburg Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Mu Myocardial Infarction	6-8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Pneumonitis, right lung	1 day
DUE TO (c)	CVA with Left Hemiparesis	1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diverticulosis of colon; anemia; cirrhosis of liver

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 2/25/60, to 3/3/60 and last saw her alive on 3/3/60
Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert B. Young, M.D.
22b. ADDRESS: Rolla, Mo.
22c. DATE SIGNED: 6 Mar 61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: March 8, 1961
23c. NAME OF CEMETERY OR CREMATORY: Mt Calvary ~~Cemetery~~
23d. LOCATION (City, town, or county) (State): Monett Mo.
24. FUNERAL DIRECTOR: Lee Johnson ADDRESS: Newburg Mo
25. DATE REC'D. BY LOCAL REG.: Mar. 7, 1961
26. REGISTRAR'S SIGNATURE: Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
BY AFFIDAVIT OF DOCUMENT

MAR 28 1961

MAR 17 1961

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 Wm L Strawbridge

Licensed Embalmer No. 5043

P. O. Address Newburg Me

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.