# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-026031
STATE FILE NUMBER

AMENDED

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 20

FILED JUL 17 1961

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: East Prairie — Length of stay in 1b: 4 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 401 Tyler St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Mississippi
c. CITY OR TOWN: East Prairie — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 401 Tyler — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Joe — Middle: M. — Last: Fennel

4. DATE OF DEATH: Month: July — Day: 11 — Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-30-84
9. AGE (last birthday): 76 — IF UNDER 1 YEAR: Months 7 Days 11 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Haywood Co. Tenn.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Kinch Fennel
13b. MOTHER'S MAIDEN NAME: Alice Maxwell
14. NAME OF HUSBAND OR WIFE: Georgia A. Fennel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Georgia Fennel, East Prairie, Mo. — Address

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) | Hyd Cardial Failure | 12 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Pulmonary Edma | 24 hours |
| DUE TO (c) | Carcinoma of the liver | 6 Months |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 July 5 to July 11 and last saw her/him alive on July 11, 1961
Death occurred at 5:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] D.D.
22b. ADDRESS: East Prairie, Mo.
22c. DATE SIGNED: 7/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-14-1961
23c. NAME OF CEMETERY OR CREMATORY: Forked Deer
23d. LOCATION (City, town, or county) (State): Forked Deer, Tennessee

24. FUNERAL DIRECTOR — ADDRESS: Travis Shelby, East Prairie, Mo.
25. DATE RECD. BY LOCAL REG.: July 13, 1961
26. REGISTRAR'S SIGNATURE: Doris Fitzgibbons

(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

**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_____ Signed Travis E. Kelley Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4940

P. O. Address Fort Plain

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.