

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018002

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 303

FILED JUN 4 1962

1. PLACE OF DEATH
a. COUNTY Boone

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Boone

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia Length of stay in 1b 38 Yrs

c. CITY OR TOWN Columbia Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 405 Alexander Reside on Farm Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital Inside Limits Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Roy Floyd Fenton

4. DATE OF DEATH Month Day Year
May 27, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 11-15-1902 9. AGE (last birthday) 59 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY Building 11. BIRTHPLACE (City and state or country) Boone County Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Turner G. Fenton 13b. MOTHER'S MAIDEN NAME Bertha Brown 14. NAME OF HUSBAND OR WIFE Susan M. Fenton

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. [redacted] 17. INFORMANT Address Mrs Susan M. Fenton, Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Superior mesenteric artery embolus INTERVAL BETWEEN ONSET AND DEATH 2 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction Unknown

DUE TO (c) Atherosclerotic heart disease Unknown

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 N 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 1948 to 27 May 62 and last saw him alive on 26 May 62
Death occurred at 2AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R P Fadenon MD 22b. ADDRESS Columbia Mo 22c. DATE SIGNED 28 May 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5-29-1962 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) (State) Columbia, Missouri

24. FUNERAL DIRECTOR ADDRESS Lyman Sprinkle Columbia, Mo. 25. DATE RECD. BY LOCAL REG. May 28 1962 26. REGISTRAR'S SIGNATURE Mrs RE Palmer

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUL 31 1962

JUN 13 1962

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

Richard A. Leves

Licensed Embalmer No. 5709

P. O. Address Clumbia 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.