

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024218

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 97

FILED JUN 25 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Putnam</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>	a. STATE <u>Iowa</u> b. COUNTY <u>Appanoose</u>
Length of stay in lb <u>13 days</u>	c. CITY OR TOWN <u>Centerville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>	d. STREET ADDRESS (If outside, give location) <u>906 E. Jackson</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First <u>Dorothy</u> Middle <u>Alice</u> Last <u>Fenton</u>	Month <u>June</u> Day <u>17</u> Year <u>1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 23, 1921</u>
9. AGE (last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>
11. BIRTHPLACE (City and state or country) <u>Unionville - Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>Clayton Houser</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Kelly</u>
14. NAME OF HUSBAND OR WIFE <u>Orval Fenton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>
17. INFORMANT <u>Edna Houser - Unionville, Iowa</u>	Address <u></u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Spinal Cord Contusion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>677</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fractured Cervical vertebrae 6 & 7</u>	
DUE TO (c) <u>Auto accident</u>	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	
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.) <u></u>
20f. CITY, TOWN, OR LOCATION <u></u> COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>6-5-62</u> to <u>6-16-62</u> and last saw her alive on <u>6-16-62</u>	
Death occurred at <u>10:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>L.W. McDonald DO</u>	22b. ADDRESS <u>Unionville Mo 6-21-62</u>
22c. DATE SIGNED <u>2a</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>June 20, 1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>2nd Ararat</u>	23d. LOCATION (City, town, or county) (State) <u>Appanoose 2a</u>
24. FUNERAL DIRECTOR <u>Everett Weber - Centerville 2a</u>	25. DATE RECD. BY LOCAL REG. <u>6-21-1962</u>
26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1	<u>0860</u>
2	<u>2140</u>
3	<u>2</u>
4	<u>1</u>
5	<u>2</u>
6	
7	<u>1</u>
8	<u>0</u>
9	<u>X 9</u>
10	<u>8</u>
11	
12	<u>1-2</u>
13	<u>1-0</u>

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 Nurl E. Dusted

Licensed Embalmer No. 3304
P. O. Address Unionville 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.