

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-025892

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 173

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6047

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1390-0

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DATE AMENDED

INSTEAD OF AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

William D. Goble M.D.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 14 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Audrain		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		a. STATE Mo. b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b Years		c. CITY OR TOWN Mexico Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 721 W. Breckenridge		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 721 W. Breckenridge Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) George H. Fennewald			4. DATE OF DEATH August 9 1962		
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 8-26-75		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months Days 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 agriculture		11. BIRTHPLACE (City and state or country) Martinsburg, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Barney Fennewald		13b. MOTHER'S MAIDEN NAME Elizabeth Hagenback	
14. NAME OF HUSBAND OR WIFE decd		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 Adrian Fennewald		Address Mexico, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Pulmonary edema		DUE TO (b) Myocardial failure		DUE TO (c) Atherosclerosis	
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		INTERVAL BETWEEN ONSET AND DEATH 3da	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 Month, Day, Year		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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 5/6/57 to 8/14/62 and last saw her/him alive on July 1962		Death occurred at 12:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William D. Goble, M.D.		22b. ADDRESS 112 N. Clark Street		22c. DATE SIGNED 8/10/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-11-1962		23c. NAME OF CEMETERY OR CREMATORY St. Joseph's cemetery	
23d. LOCATION (City, town, or county) Martinsburg, Missouri		24. FUNERAL DIRECTOR Arnold Funeral Home		25. DATE RECD. BY LOCAL REG. Aug. 11-1962	
26. REGISTRAR'S SIGNATURE Blanche Neely					

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 Kenneth E. Hayes

Licensed Embalmer No. 4890

P. O. Address Mexico, 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.