

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

67 0039191

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 131 Primary Registration District No. 5506 Registrar's No. 252 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 30 1967	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Creek Community Highway 7 - CLINTON</u> Length of stay in lb <u>18 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>CLINTON Township Highway 7</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u></p> <p>c. CITY OR TOWN <u>Rural - CLINTON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>Highway 7 - CLINTON RURAL</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED First Middle Last <u>Hermie Elizabeth FENNERN</u></p>	
<p>4. DATE OF DEATH Month Day Year <u>October 21, 1967</u></p>	
<p>5. SEX <u>FEMALE</u></p>	<p>6. COLOR OR RACE <u>Cauc.</u></p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>2/23/1902</u></p>
<p>9. AGE (last birthday) <u>65</u></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT OWNER</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Milwaukee Wisconsin</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>
<p>13a. FATHER'S NAME <u>Albert Bauman</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Harvey Fennern</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u></p>
<p>16. SOCIAL SECURITY NO. <u>500-20-9722</u></p>	<p>17. INFORMANT Address <u>Harvey Fennern Rural - Clinton</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Acute myocardial Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>5m</u></p> <p style="text-align: center;">DUE TO (b) <u>Generalized arteriosclerosis of the heart</u></p> <p style="text-align: center;">DUE TO (c) <u>Urel.</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	
<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>1968</u> to <u>death</u> and last saw her/him alive on <u>10-12-67</u></p> <p>Death occurred at <u>5:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>Carroll K. Witzel, MD</u></p>	<p>22b. ADDRESS <u>Clinton Mo</u></p>
<p>22c. DATE SIGNED <u>10-23-67</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>October 24-67</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u></p>	
<p>24. FUNERAL DIRECTOR ADDRESS <u>P.E. Nichols Chapels - Clinton, MO.</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>Oct. 25, 1967</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

DEC 5 1967

**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 R. E. Nichols

Licensed Embalmer No. 4997  
P. O. Address Clinton, 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.

Permit obtained 10-25-67 (M13)