RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 21 1959

59-026310
STATE FILE NUMBER

DED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 272

1. PLACE OF DEATH
a. COUNTY: St Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bonne Terre
Length of stay in 1b: ****
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence
Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: St Francois
c. CITY OR TOWN: Bonne Terre
Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 215 Hill
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOHN Middle WILLIAM Last FENTON

4. DATE OF DEATH: Month July Day 8, Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-23-1883

9. AGE (last birthday): 75

IF UNDER 1 YEAR: Months 8 Days 16
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman

10b. KIND OF BUSINESS OR INDUSTRY: Mo-Ill RR

11. BIRTHPLACE (City and state or country): Des Arc, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John W. Fenton

13b. MOTHER'S MAIDEN NAME: Julia Krause

14. NAME OF HUSBAND OR WIFE: Catherine A. Marlow

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.: *****

17. INFORMANT Address: Mrs. John W Fenton Bonne Terre

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 16 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis; renal calculus; duodenal ulcer.

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 Sept. 1937 to April 1959 and last saw him alive on April 7, 1959
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin T. Haw, Jr. M.D.

22b. ADDRESS: Bonne Terre, Mo.

22c. DATE SIGNED: 7-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 11 1959

23c. NAME OF CEMETERY OR CREMATORY: St Joseph's Catholic

23d. LOCATION (City, town, or county) (State): Bonne Terre, Mo.

24. FUNERAL DIRECTOR ADDRESS: C.Z. BOYER & SON INC.. Bonne Terre

25. DATE RECD. BY LOCAL REG.: July 11, 1959

26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

AUG 4 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. T. Boyer
B. T. BOYER.

Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.