

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21061

State File No.

FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 39V PRIMARY REG. DIST. NO. 5649 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give town) Rural	c. LENGTH OF STAY (in this place) 3 YRS	c. CITY OR TOWN Pierce City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi west of Pierce City		e. STREET ADDRESS (If rural, give location) 3 mi west of Pierce City	

3. NAME OF DECEASED a. (First) MARY b. (Middle) OTARA c. (Last) FENSKÉ			4. DATE OF DEATH (Month) (Day) (Year) 6 10 1956		
5. SEX FM	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-12-1861	9. AGE (in years last birthday) 94	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Peter Fenske
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'S SIGNATURE OR NAME TONY FENSKÉ ADDRESS RR Pierce City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 28 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-16-1956**, to **6-10-1956**, that I last saw the deceased alive on **6-10-1956**, and that death occurred at **11:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles A. Spears, M.D.		23b. ADDRESS Pierce City, Mo		23c. DATE SIGNED 6-11-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-13-1956	24c. NAME OF CEMETERY OR CREMATORY ST MARYS	24d. LOCATION (City, town, or county) (State) Pierce City MO	
DATE REC'D BY LOCAL REG. 6/19 56	REGISTRAR'S SIGNATURE John M. Davis	25. FUNERAL DIRECTOR'S SIGNATURE Walter J. Wessell ADDRESS Pierce City Mo.		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed A. Gordon Bennett.....

Licensed Embalmer No. 4213

P. O. Address Monett, 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.