

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13190

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stover, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>Stover, Missouri.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SPNA</u> b. (Middle) <u>KAROLINA</u> c. (Last) <u>FAJEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 49</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 15, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
11. BIRTHPLACE (State or foreign country) <u>Morgan County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Fischer</u>		13b. MOTHER'S MAIDEN NAME <u>Adalbert Weihers</u>	
14. NAME OF HUSBAND OR WIFE <u>William Fajen</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Henry Fischer</u> ADDRESS <u>Stover, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertotic pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Progressive muscular atrophy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Senile dementia</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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) m.	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 <u>Jan</u> , 19 <u>47</u> , to <u>April 15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 14</u> , 19 <u>49</u> , and that death occurred at <u>12:30 pm</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. L. Mashburn M.D.</u>		23b. ADDRESS <u>Versailles Mo</u>	
23c. DATE SIGNED <u>4-16-49</u>		24. LOCATION (City, town, or county) (State) <u>Stover, Missouri.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 17 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stover, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>April 20th 1949</u>	REGISTRAR'S SIGNATURE <u>Wm L. Ripperger</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>J. L. Deverson</u> ADDRESS <u>Stover, Missouri</u>	

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

RECEIVED

District Health Officer No.

District File Number 3-49-44

Date Filed 4-25-29

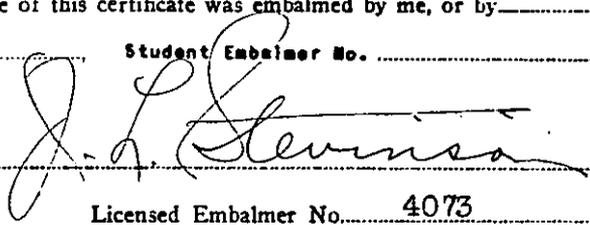
STATEMENT BY LICENSED EMBALMER

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

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed 

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

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 this body is not embalmed, fact should be so stated above.