

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1949

29437

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4063</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton Mo</u>		c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton Mo 13</u>		d. STREET ADDRESS (If rural, give location) <u>340 W Arthur</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Turner</u> b. (Middle) <u>C.</u> c. (Last) <u>Fairall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-10-1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7/31/1862</u>	
9. AGE (In years last birthday) <u>87</u>		Months <u>7</u> Days <u>10</u> Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>Frazeyburg Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____	
13a. FATHER'S NAME <u>Wm. Fairall</u>			13b. MOTHER'S MAIDEN NAME <u>Dorothea Spence</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. M.B. Fairall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. E. Fairall, Hamilton 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Coma.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cyclo-nephritis</u> DUE TO (c) <u>Suppurated Prostatic Glands</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 mo</u> <u>1 mo</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (Min.) _____		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>April 20, 1949</u> , to <u>Sept 10, 1949</u> , that I last saw the deceased alive on <u>Sept 10, 1949</u> , and that death occurred at <u>9:28 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert R. Brock M.D.</u>				23b. ADDRESS <u>Hamilton Mo</u>		23c. DATE SIGNED <u>9/13/49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 13 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Care</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 15-49</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u> 37		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bram Funeral Home Hamilton Mo.</u>			

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

Ball point



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 Embalmer No.....

Signed.....

R. F. Brown

Signed.....
Student Embalmer

..... Licensed Embalmer No. *3052*

P. O. Address *Hamilton 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 this body is not embalmed, fact should be so stated above.