

FILED OCT 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. **32614**

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

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give town) Centralia		c. LENGTH OF STAY (In this place) Life	
d. FULL NAME OF HOSPITAL OR INSTITUTION East Sims St.		c. CITY (If outside corporate limits, write RURAL and give township) Centralia	
d. STREET ADDRESS (If rural, give location) East Sims St.		0100	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LEE c. (Last) FAGG			4. DATE OF DEATH (Month) (Day) (Year) 10-13-50
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-24-1876
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 14 Days 19 IF UNDER 24 HOURS Hours 19 Mins. —		11. BIRTHPLACE (State or foreign country) Boone County, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory--invalid		10b. KIND OF BUSINESS OR INDUSTRY A. B. Chance	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James T. Fagg		13b. MOTHER'S MAIDEN NAME Dorcas Lawson	14. NAME OF HUSBAND OR WIFE Amy R. Fagg
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 ADDRESS Amy R. Fagg Centralia, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of the left leg		INTERVAL BETWEEN ONSET AND DEATH 1 mo.	
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) Right leg amputated.		4501	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bedfast			
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) 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 Sept. 4, 1950 , to Oct. 13, 1950 , that I last saw the deceased alive on Sept 22, 1950 , and that death occurred at 7 P m. , from the causes and on the date stated above.			
23a. SIGNATURE L. Lachance (Degree or title) M.D.		23b. ADDRESS Centralia, Mo	23c. DATE SIGNED 10-13-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-15-50	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Missouri
DATE REC'D BY LOCAL REG. Oct 15-1950	REGISTRAR'S SIGNATURE Maud McBrink	30	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bill J. Muder Centralia

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

10-18-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-18-50

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. 379

working under my personal supervision.

Student Lois M. Meador

Student Embalmer

Signed _____

Licensed Embalmer No. 4087

P. O. Address Sturgeon, 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.