

FILED APR 12 1951

STANDARD CERTIFICATE OF DEATH

9514

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5418 Registrar's No. 13

0790

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

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salem Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salem Township</u>	
c. LENGTH OF STAY (In this place) <u>10 Years</u>		d. STREET ADDRESS (If rural, give location) <u>Crosstown, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Crosstown, Mo.</u>			

3. NAME OF DECEASED (Type or Print) <u>Leon Favier</u>			4. DATE OF DEATH <u>February 20, 1951</u>		
a. (First)	b. (Middle)		c. (Last)	Month	Day
<u>Leon</u>			<u>Favier</u>	<u>February</u>	<u>20</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>October 15, 1873</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours

13a. FATHER'S NAME <u>Alfred Favier</u>		13b. MOTHER'S MAIDEN NAME <u>Donalee Prost Favier</u>		14. NAME OF HUSBAND OR WIFE <u>Catherine Nienhaus Favier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Catherine Favier, Crosstown, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <u>Acute Coronary Failure</u>			
		DUE TO (c) _____			
		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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cross Town Perry Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-20-1951</u>	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 19 Patrons of Perry County, Mo., that I last saw the deceased alive on 19 March 19, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. Williams</u> Registrar of Perry County, Mo.		23b. ADDRESS <u>Cross Town Perry Mo</u>		23c. DATE SIGNED <u>2/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>		

DATE REC'D BY LOCAL REG. <u>Feb 23-1951</u>	REGISTRAR'S SIGNATURE <u>W. W. Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey, Perryville, Mo.</u>	ADDRESS <u>250</u>
--	--	--	-----------------------

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

[Handwritten signature]

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.

Green Tower Hotel

Signed *Albert Bey*

Signed.....
Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address *Perryville, 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.