

FILED MAY 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 19119

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4477 Registrar's No. 20

0980

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

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENWOOD MO</u> c. LENGTH OF STAY (In this place) <u>30 yrs</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCHUYLER</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GLENWOOD</u> d. STREET ADDRESS (If rural, give location) <u>0980</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ELMER</u> c. (Last) <u>FAIST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 12, 51</u>		

5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE U</u>	8. DATE OF BIRTH <u>SEPT 14, 1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE MAKER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>DAVIS CO, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>MATHIAS FAIST</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH GEE</u>		14. NAME OF HUSBAND OR WIFE _____	
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>James Faist</u> ADDRESS <u>Glenwood, 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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac failure</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Natural causes, found</u>		
	DUE TO (c) <u>lead at his home</u>		
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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7953</u>
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 Death occurred about 6 A.M. MAY 12, 51, that I did saw the deceased alive on _____, 19____, and that death occurred at 6 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gosh O'Briant, Magistrate, acting cor. Lancaster, Mo.</u>		23b. ADDRESS _____		23c. DATE SIGNED <u>5-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 14, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GLENWOOD</u>	24d. LOCATION (City, town, or county) (State) <u>I 00 F Glenwood, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5/20/51</u>	REGISTRAR'S SIGNATURE <u>353</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Neal Lancaster, Mo</u>			

Date Received: MAY 24 1951
DISTRICT HEALTH OFFICE #2
District File Number 557-980
Date Filed: MAY 24 1951

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.....
Student Embalmer

Signed *Lucretia B. Head*

Licensed Embalmer No. *4038*

P. O. Address *Lancaster, 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.