

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20868**

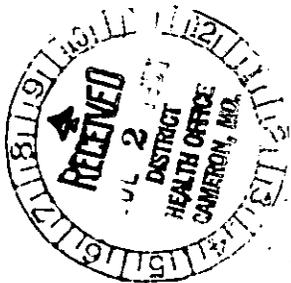
FILED JUL 6 - 1951

BIRTH NO. _____ **REG. DIST. NO.** 251 **PRIMARY REG. DIST. NO.** 3048 **Registrar's No.** 155

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. Nodaway , COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	c. LENGTH OF STAY (In this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Conception Jct. Mo. <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis		d. STREET ADDRESS " (If rural, give location) " "	
3. NAME OF DECEASED a. (First) Mr. Clarence Franklin (Type or Print) b. (Middle) Faddis c. (Last)			4. DATE OF DEATH June 29 1951 (Month) (Day) (Year)
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 23 1889
9. AGE (In years last birthday) 62		# UNDER 1 YEAR Months _____ Days _____	# OVER 1 YEAR Hours _____
10a. USUAL OCCUPATION (Give kind of work) Have and Underwriting		10b. KIND OF BUSINESS OR INDUSTRY store	11. BIRTHPLACE (State or foreign country) Gentry County Mo. <u>0</u>
13a. FATHER'S NAME Jas. H. Faddis		13b. MOTHER'S MAIDEN NAME Leona Richards	14. NAME OF HUSBAND OR WIFE Rossana Faddis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 499-18-5083	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosanna Faddis Conception Jct. Mo.
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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>and to</u>, 19<u>51</u>, to <u>June 29, 1951</u>, that I last saw the deceased alive on <u>June 28, 1951</u>, and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Jane L. Kaddell (Degree or title) M.D.		23b. ADDRESS Conception Jct. Mo.	23c. DATE SIGNED 6/29/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (c)	24b. DATE 7/1/51	24c. NAME OF CEMETERY OR CREMATORY Sweet Home	24d. LOCATION (City, town, or county) (State) Ravenwood Mo.
DATE REC'D BY LOCAL REG. 6-30-51	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE Faddis and Phillips Conception Jct. Mo.	

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

742



MS AUG 3 1980

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, [Signature]

working under my personal supervision.

Student Embalmer No.

Signed Leroy H. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Stonksbury, MD

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.