

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 86

560
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1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lewis Town</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Knox City 0520</u>	
c. LENGTH OF STAY (In this place) <u>7 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Prarie View Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Martin</u> c. (Last) <u>Fast</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-18-1951</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>4-30-1861</u>		9. AGE (In years last birthday) <u>90</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	

13a. FATHER'S NAME <u>Christian Fast</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Pearson</u>		14. NAME OF HUSBAND OR WIFE <u>Caroline Fast</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Fast</u>	
				ADDRESS <u>Hamland 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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio vascular renal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 month</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Senility</u>		Years	
		DUE TO (c) <u>Years</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 <u>442X</u>		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 Aug. 20, 1951, to Sept. 18, 1951, that I last saw the deceased alive on Sept. 17, 1951, and that death occurred at 8:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry S. McBrook, D.O.</u>		(Degree or title)		23b. ADDRESS <u>La Belle Mo.</u>	
23c. DATE SIGNED <u>Nov 11 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-21-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. TABOR</u>		24d. LOCATION (City, town, or county) (State) <u>Knox City Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hopper Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>11-5-51</u>		REGISTRAR'S SIGNATURE <u>P. St. Juning M.D. 161</u>		ADDRESS <u>Clarence Mo</u>	

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

Edline

Date Received: NOV 8 1991
DISTRICT HEALTH OFFICE #2
District File Number 21-57-1995
Date Filed: NOV 8 1991

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.....

Clarence E. Hopper

Signed.....
Student Embalmer

Licensed Embalmer No. 4760

P. O. Address *Clarence 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.