S. No. 300
v. 10.48

FILED NOV 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37839

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 189

0492
1

1. PLACE OF DEATH
a. COUNTY: Ja sp er
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (in this place): 39yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1014 W. Daugherty

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City 0492
d. STREET ADDRESS (If rural, give location): 1014 W. Daugherty 0

3. NAME OF DECEASED (Type or Print)
a. (First): ALVIN
b. (Middle): JACOB
c. (Last): FAIN

4. DATE OF DEATH (Month) (Day) (Year): November 21, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Sept. 20, 1894
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months 2, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Oil Fields
10b. KIND OF BUSINESS OR INDUSTRY: Oil
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob Fain
13b. MOTHER'S MAIDEN NAME: Myra Compton
14. NAME OF HUSBAND OR WIFE: Leona Grace Fain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Leona Grace Fain Webb City, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of esophagus. — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Rheumatoid arthritis. — 20 years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 150 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 25, 1951, *to* Nov. 21, 1951, *that I last saw the deceased alive on* Nov. 21, 1951, *and that death occurred at* 7:05p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G M Ferguson 0 [signature]
23b. ADDRESS: 110 N. Webb St., Webb City, Mo.
23c. DATE SIGNED: 11-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Nov. 24, 1951
24c. NAME OF CEMETERY OR CREMATORY: Ozark Memorial Cem.
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: Nov 24 51
REGISTRAR'S SIGNATURE: S. L. Critchett MOD 137
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H edge Lewis Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-27-51
Jasper County Health Office

County File Number 51/11/885

Date Filed 11-27-51

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. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City 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.