

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6374
Registrar's No. 1282

FILED MAR 5 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS, MISSOURI</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Benton City 0040</u>	
		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARIE</u>	b. (Middle)	c. (Last) <u>FAIRCHILD</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>2 8 52</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb 15, 1892</u>	9. AGE (In years) (last birthday) <u>60</u>	10 UNDER 1 YEAR	11 UNDER 2 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>John Fairchild</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Mc Kittrick</u>	14. NAME OF HUSBAND OR WIFE <u>Nil</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Guy Fairchild</u>	ADDRESS <u>Benton City Mo</u>
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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, ashenia, 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) <u>CONGESTIVE FAILURE</u>		<u>10 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u> 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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? <u>HH 3X</u>
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22. I hereby certify that I attended the deceased from 2/7, 1952, to 2/8, 1952, that I last saw the deceased alive on 2/8, 1952, and that death occurred at 10:35A m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. Finger</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>2/8/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	24d. LOCATION (City, town, or county) (State) <u>Mexico Mo</u>
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DATE REC'D BY LOCAL REG. <u>FEB 9 1952</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith, Jr.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Cause of death
M.D. Finger

MAY 8 1952

APR 25 1952

APR 28 1952

AUG 1 1955

JUN 19 1952

APR 21 1955

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 [Signature]

Licensed Embalmer No. 3575

P. O. Address [Address]

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
County of Audrain } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS
AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 6374
Local Registrar's No.

On this 3rd day of May, 1952, before me appears Miss Addie Fairchild, who, upon her oath, states that the original record of ~~birth~~ ^{death} for Mattie Marie Fairchild died Feb. 8, 1952, 19... in the State of Missouri, and which was filed at St. Louis, Mo. on Feb. 9, 1952 should be corrected as follows:

Item No. 8 should read Feb. 15, 1891
Instead of Feb. 15, 1892

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Addie Fairchild Sister
Relationship.

Benton City, Mo.
Present Address.

Subscribed and sworn to before me this 3rd day of May, 1952.

My Commission expires May 25, 1955. [Signature] Notary Public.

