

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

7327

State File No. ....

APR 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5713 Registrar's No. 210

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

<b>1. PLACE OF DEATH</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>BOLLINGER</u>			a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (Union Township)</u>		c. LENGTH OF STAY (in this place) <u>5 mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (Union Township) 0296</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. N. of Patton, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>4 mi. N. E. of Patton, Mo.</u>		

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <u>HENRY</u>	b. (Middle) <u>ADAM</u>	c. (Last) <u>FADLER</u>	<u>APRIL 3, 1952</u>		

<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>WHITE</u>	<b>7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>WIDOWER</u>	<b>8. DATE OF BIRTH</b> <u>APRIL 15, 1853</u>	<b>9. AGE</b> (In years last birthday) <u>98</u>	<b>IF UNDER 1 YEAR</b> (Month) (Day) <u>11 18</u>	<b>IF UNDER 24 HRS.</b> (Hour) (Min.)
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>BOLLINGER COUNTY, MO.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>JOHN ADAM FADLER</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARY GROUNDS</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>LOUISA FADLER (DECEASED)</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>NO</u>	<b>16. SOCIAL SECURITY NO.</b> <u>NONE</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>E.H. FADLER - PATTON, MISSOURI</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Myocardial infarction</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c)		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>4222</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Jan 1st, 1917, to April 3, 1952, that I last saw the deceased alive on Mar 15, 1952, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> (Degree or title) <u>Edw. Crites M.D.</u>	<b>23b. ADDRESS</b> <u>Seaford, Delaware</u>	<b>23c. DATE SIGNED</b> <u>4/4/52</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>April 6, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Yount Lutheran cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>FREDERICK CO. MISSOURI</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>Apr 5-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Willie Van Amburgh</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>L. Adamson</u>	<b>ADDRESS</b> <u>FREDERICK TOWN, MO.</u>
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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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Fredericktown, Missouri

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.