

FILED MAY 19 1952

STANDARD CERTIFICATE OF DEATH

15532

State File No.

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5044 Registrar's No. 58

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Barry	a. STATE Missouri	b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Washburn twp.	c. CITY (If outside corporate limits, write RURAL and give township) Rural-Washburn twp.	0057	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mi. E. of Washburn, Mo.	d. STREET ADDRESS (If rural, give location) 1 mi. E. of Washburn, Mo.		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) William	b. (Middle) Anderson	c. (Last) Fairchild	May 10, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 30, 1870	9. AGE (In years last birthday) 82	10. MONTHS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Hancock County, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joel F. Fairchild	13b. MOTHER'S MAIDEN NAME Samarinus Baldwin	14. NAME OF HUSBAND OR WIFE Ruby May Fairchild
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby M. Fairchild, Washburn, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe secondary pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnourished intestinal emaciation DUE TO (c)		
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 578 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 9-13, 1951, to 4-18, 1952, that I last saw the deceased alive on 4-18, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ruby M. Fairchild	23b. ADDRESS Washburn, Mo.	23c. DATE SIGNED May 13, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-12-52	24c. NAME OF CEMETERY OR CREMATORY Washburn Prairie Cem.
24d. LOCATION (City, town, or county) (State) Barry County, Mo.		

DATE REC'D BY LOCAL REG. May 17-1952	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.C. Roan, Cassville, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

2050

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

W.C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.