

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25408

State File No. ....

FILED JUL 29 1952

Registrar's No. 173

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY <b>Randolph</b> <i>0883</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b> <i>0210</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Musselfork Township --Rural</b> <i>1</i>	
c. LENGTH OF STAY (In this place) <b>1 week</b>		d. STREET ADDRESS (If rural, give location) <b>near Prairie Hill</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Levi</b>	b. (Middle) <b>A.</b>	c. (Last) <b>Fawks</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 22 1952</b>
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5. SEX <b>male</b> <i>0</i>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>7-24-1873</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (State or foreign country) <b>Chariton County, Missouri</b> <i>0</i>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>George W. Fawks</b>	13b. MOTHER'S MAIDEN NAME <b>Mary A. Gray</b>	14. NAME OF HUSBAND OR WIFE <b>Mattie M. Fawks</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Levi Fawks; Keytesville, Mo.</b>	ADDRESS
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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 <b>48 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia, terminal</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Adenocarcinoma rectum</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION <b>18 July 52</b>	19b. MAJOR FINDINGS OF OPERATION <b>Adenoca Rectum,</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>154X</b>
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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?
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22. I hereby certify that I attended the deceased from **14 July, 1952** to **22 July, 1952**, that I last saw the deceased alive on **27 July, 1952**, and that death occurred at **7:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Shawnee E. Moore</b>	23b. ADDRESS <b>Moberly, Mo</b>	23c. DATE SIGNED <b>20 July 52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-24-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fawks Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>near Prairie Hill, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-24-52</b>	REGISTRAR'S SIGNATURE <b>Barthelme</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom B. Patton</b>	ADDRESS <b>Huntsville</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.