

**STANDARD CERTIFICATE OF DEATH**

State File No. **25557**

No. 300  
10.48

FILED AUG 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3039** Registrar's No. **565**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Linn</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>520 E. Santa Fe</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bunton Rest Home</b>			

<b>3. NAME OF DECEASED</b> a. (First) <b>Cecil Otto</b> b. (Middle) <b>Fawks</b> c. (Last)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 8 53</b>		
<b>5. SEX</b> <b>M</b>		<b>6. COLOR OR RACE</b> <b>W</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	
<b>8. DATE OF BIRTH</b> <b>June 16 1888</b>		<b>9. AGE</b> (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months <b>28</b> Days <b>28</b> Hours <b>0</b> Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Chariton Co. Mo</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>					

<b>13a. FATHER'S NAME</b> <b>Thomas J. Fawks</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lula Olinger</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lottie Fawks</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>490-10-3478</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs J. C. Staples Marceline, Mo</b>	
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>CEREBRAL HEMORRHAGE SEVERE ENAEPHALOMALACIA, SEVERE CEREBRAL ARTERIOSCLEROSIS UNK.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 DAYS</b>	
<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>33-1 X</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>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from NOV. 1952, to JULY 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 9:30 P. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Paul T. Berry M.D.</b>		<b>23b. ADDRESS</b> <b>Marceline, Mo.</b>		<b>23c. DATE SIGNED</b> <b>7-9-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>July 12</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Roselawn</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Marceline Mo.</b>	
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<b>DATE REC'D BY LOCAL REG.</b> <b>7-11-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Mary Jane Owens</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>James M. Laughlin Marceline Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

AUG 31 1954

AUG 31 1954

AUG 13 1953

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

*Carl Bunch*

Licensed Embalmer No. 4288

P. O. Address Marquette Me

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.