No. 300
10-48

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

FILED AUG 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28450

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 4232 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Springs
c. LENGTH OF STAY (in this place): Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - 121 W. HighSt.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Willow Springs 0460
d. STREET ADDRESS (If rural, give location): 121 W. High Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Stephen
c. (Last): FECHTER

4. DATE OF DEATH (Month) (Day) (Year): Aug. 23, 1953

5. SEX: Male C
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 17, 1876
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months: 0 Days: 6
IF UNDER 24 HRS.: Hours: Min.:

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): Buffalo, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Fechter
13b. MOTHER'S MAIDEN NAME: Francis Flickinger
14. NAME OF HUSBAND OR WIFE: Charlote Fechterr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Irvan Landis Masnnr.
ADDRESS: Willow Spgs

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) generalized arteriosclerosis
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: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* 8-23-53, 19____, *that I last saw the deceased alive on* 8-23-53, 19____, *and that death occurred at* 11:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul A. Davis, (Degree or title) M.D.
23b. ADDRESS: Willow Springs, Mo.
23c. DATE SIGNED: 8-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-26-53
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove Cemetery
24d. LOCATION (City, town, or county) (State): WillowSprings. Mo.

DATE REC'D BY LOCAL REG.: 8/29/53
REGISTRAR'S SIGNATURE: Marshalee Ballard 387-C
25. FUNERAL DIRECTOR'S SIGNATURE: Burns Funeral Home,
ADDRESS: Willow Spgs., Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.