

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38695**

FILED NOV 23 1953

BIRTH NO.		REG. DIST. NO. 116	PRIMARY REG. DIST. NO. 3020	Registrar's No. 195
1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Franklin.		
b. CITY (If outside corporate limits, write RURAL and give township) Washington.		c. CITY (If outside corporate limits, write RURAL and give township) Washington.		
c. LENGTH OF STAY (in this place) 45 yrs		d. STREET ADDRESS (If rural, give location) 1017 E. 5th St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.				
3. NAME OF DECEASED (Type or Print) a. (First) Helen		b. (Middle) R.		c. (Last) Fairbrother
4. DATE OF DEATH (Month) (Day) (Year) Nov. 12th, 1953.				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 24th, 1908	9. AGE (In years last birthday) 45 If under 1 year: Months 2 Days 18 If under 24 hrs: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work.		10b. KIND OF BUSINESS OR INDUSTRY House-work.		11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Albert P. Ross.		13b. MOTHER'S MAIDEN NAME Mary J. Glosemeyer		14. NAME OF HUSBAND Paul L. Fairbrother.
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 Paul L. Fairbrother Washington, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism cerebral with hemiplegia, right, complete ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic valvulitis DUE TO (c) mitral, inactive II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 5 days 10 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 410 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 11/7, 1953 , to 11/12, 1953 , that I last saw the deceased alive on 11/12, 1953 , and that death occurred at 9:20 P. M. , from the causes and on the date stated above.				
23a. SIGNATURE (Name and Title) Michael S. Hoffrich, M.D.		23b. ADDRESS Washington, Mo.		23c. DATE SIGNED 11/18/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 16, 1953.		24c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,
24d. LOCATION (City, town, or county) (State) Washington, Mo.				
DATE REC'D BY LOCAL REG. 11/16/53		REGISTRAR'S SIGNATURE R. S. Hudson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rieberg & Vitt, Inc. Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Lester A. Pitt

Licensed Embalmer No. 3254

P. O. Address

Washington, 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.