

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9259**

FILED MAR 16 1954

| | | | | | | | | | |
|---|-------------------------------|--|--|---|---|---|-------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>172</u> | | PRIMARY REG. DIST. NO. <u>4273</u> | | Registrar's No. <u>19</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAFAYETTE</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA</u> | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CONCORDIA, MO</u> | | 0540 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>416 MAGDALENA ST</u> | | | | d. STREET ADDRESS (If rural, give location) <u>416 MAGDALENA ST.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u> | | b. (Middle) <u>W</u> | | c. (Last) <u>FUCHS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 10 1954</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>MARCH 25, 1879</u> | 9. AGE (in years last birthday) <u>74</u> | if UNDER 1 YEAR Months | if UNDER 1 YEAR Days | if UNDER 1 HR. Hours | if UNDER 1 HR. Min. | |
| 10a. USUAL OCCUPATION (This kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>GEN FARMING</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>LAFAYETTE County, MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | | |
| 13a. FATHER'S NAME <u>CHRISTIAN FUCHS</u> | | 13b. MOTHER'S MAIDEN NAME <u>JOHANNA HANSCHIG</u> | | 14. NAME OF HUSBAND OR WIFE <u>MRS. LOUISE FUCHS</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LOUISE FUCHS CONCORDIA, MO</u> | | | | | |
| 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 <u>1 wk</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis and hypertensive cardio-vascular disease</u> DUE TO (c) <u>Senile eyes.</u> | | | | | |
| 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 <u>331X</u> | | | | 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) (m.) | | 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 <u>July 17, 1948</u> , to <u>Mar 10, 1954</u> , that I last saw the deceased alive on <u>Mar 9, 1954</u> , and that death occurred at <u>1:15 A.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Dr. Brady M. W.</u> | | | | 23b. ADDRESS <u>Concordia, Missouri</u> | | 23c. DATE SIGNED <u>3/10/54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>MAR 13, 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>CONCORDIA MO</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>March 12-54</u> | | REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u> 154 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. James</u> | | ADDRESS <u>Concordia, Mo</u> | | | |

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

No. 300
10-48

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 Ma

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Conradia, 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.