

No. 300
10. 48

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19613

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5719 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY Macon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keota Bevier Rural
c. LENGTH OF STAY (in this place) 14 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION none

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Macon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Keota
d. STREET ADDRESS (If rural, give location) none

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas b. (Middle) Elmer c. (Last) Fateley

4. DATE OF DEATH (Month) (Day) (Year)
June 7 1954

5. SEX male
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH August 24, 1903

9. AGE (in years last birthday) 50
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 11 WKS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE (invalid)

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Taylor D. Fateley

13b. MOTHER'S MAIDEN NAME Laura Gillard

14. NAME OF HUSBAND OR WIFE None

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 ADDRESS
Joe Fateley; RR#2; Bevier, Missouri

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) Obesity
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
30yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
345X

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) (Min.)

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 1940, to Mar 1, 1954, that I last saw the deceased alive on Mar. 1, 1954, and that death occurred at 12: A. M., from the causes and on the date stated above.

23a. SIGNATURE A. L. Ruskendall (Degree of title) 23b. ADDRESS Macon, Missouri

23c. DATE SIGNED 6/7/54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 6-9-1954

24c. NAME OF CEMETERY OR CREMATORY Girard Cemetery

24d. LOCATION (City, town, or county) (State) Girard, Kansas

DATE REC'D BY LOCAL REG. 6/7/54 REGISTRAR'S SIGNATURE Paul M. Neely 185

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Tom B. Patton Huntville

(Licensed Embalmer's Statement on Reverse Side)

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

0610

0610
0

mo

JUL 13 1954

RECEIVED 6.22.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 6.54.102
Date Filed 6.24.54

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 Hintsville md

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.