

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41759**

BIRTH NO. _____ REG. DIST. NO. **225** PRIMARY REG. DIST. NO. ~~2797~~ **4335** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0680	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) THEODORE c. (Last) FAHERTY			4. DATE OF DEATH (Month) (Day) (Year) DEC. 19, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 5, 1880	9. AGE (In years last birthday) 74	10. IF UNDER 1 YEAR Months 9 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Buna, Illinois	
13a. FATHER'S NAME JAMES E. FAHERTY			13b. MOTHER'S MAIDEN NAME HELENA O'HARA		14. NAME OF HUSBAND OR WIFE ROSE MARY FAHERTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 457-34-4977	17. INFORMANT'S SIGNATURE OR NAME ROSE MARY FAHERTY ADDRESS Tipton, Mo.	
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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		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Deficiency		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar pneumonia 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 490X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 **12/12**, 19**54**, to **12/19**, 19**54**, that I last saw the deceased alive on **12/19**, 19**54**, and that death occurred at **10:22** a.m., from the causes and on the date stated above.

23a. SIGNATURE D. J. Potts M.D. (Degree or title)	23b. ADDRESS Tipton, Mo.	23c. DATE SIGNED 12-20-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY ST. ANDREWS CEMETERY
24d. LOCATION (City, town, or county) (State) Tipton, Missouri		

DATE REC'D BY LOCAL REG. Dec. 24, 1954	REGISTRAR'S SIGNATURE Mrs. Maude Hudson	25. FUNERAL DIRECTOR'S SIGNATURE Richard D. Conner ADDRESS Funeral Home - Tipton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 6
1955

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.

Signed..... *Richard D. Conn*

Signed.....
Student Embalmer

Licensed Embalmer No. *4703*

P. O. Address *Jupton, 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.