

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2035

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 4

1. PLACE OF DEATH  
a. COUNTY Phelps 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Phelps

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James

c. LENGTH OF STAY (in this place)  
c. CITY OR TOWN St. James,

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hosp

e. STREET ADDRESS (If rural, give location) 0810;

3. NAME OF DECEASED (Type or Print)  
a. (First) George b. (Middle) Porter c. (Last) Fawks

4. DATE OF DEATH (Month) Jan (Day) 9 (Year) 1955

5. SEX - Male 0

6. COLOR OR RACE White

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

8. DATE OF BIRTH Nov 21, 1863

9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months 1 Days 18 IF UNDER 12 HRS. Hours  Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) Chariton Co, Mo

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W. Fawks

13b. MOTHER'S MAIDEN NAME Mary Ann Gray

14. NAME OF HUSBAND OR WIFE Mary Jane Fawks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no or unknown) Yes (If yes, give war or dates of service) Spanish Am.

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Janes Fawks St. James, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Cardio Vasculas-renal Arteriosclerosis  
ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis  
DUE TO (c)   
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION  
Cardio Vasculas-renal Arteriosclerosis  
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: Indefinite

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 442X

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 July 8, 1954 to Jan 9, 1955, that I last saw the deceased alive on Jan 9, 1955, and that death occurred at 7:40 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) John H. Grosskreutz M.D. 23b. ADDRESS St. James, Mo

23c. DATE SIGNED 1-10-55

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

24b. DATE Jan 12 55

24c. NAME OF CEMETERY OR CREMATORY Floral Hill Cem

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

DATE REC'D BY LOCAL REG. Jan 10, 1955

REGISTRAR'S SIGNATURE Ruth P. Powell 479-

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Dean Sabath Jones

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

JAN 15 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..

Student .....  
Signature of Student Embalmer

Signed *C. Jesse Gahr*

Licensed Embalmer No. 448

P. O. Address *St. Jean*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.