

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33907

FILED OCT 31 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 94

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| 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 OR TOWN <u>RURAL, Lexington</u> | c. LENGTH OF STAY (in this place) <u>2 yrs</u> | c. CITY OR TOWN <u>RURAL</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GOODLAWE REST HOME</u> | | e. STREET ADDRESS (If rural, give location) <u>8 MI. S.W. OF CONCORDIA, MO</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>WILLIAM</u> | b. (Middle) <u>H.</u> | c. (Last) <u>FIENE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 16 1955</u> |
|--|---------------------------|-----------------------|------------------------|--|

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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>JUNE 15 1876</u> | 9. AGE (to years last birthday) <u>79</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMING</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> |
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| 13a. FATHER'S NAME <u>William FIENE</u> | 13b. MOTHER'S MAIDEN NAME <u>MARGARET KESSNER</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>THEO FIENE</u> | ADDRESS <u>Alma, Mo</u> |
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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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> | | |
| | DUE TO (c) <u>332X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from June 1954, to Oct. 16, 1955, that I last saw the deceased alive on Oct. 14, 1955, and that death occurred at 12 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. Kappes</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Higgsville Mo</u> | 23c. DATE SIGNED <u>Oct 17-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>10/18/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEW'S</u> | 24d. LOCATION (City, town, or county) (State) <u>NEAR CONCORDIA MO</u> |
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| DATE REC'D BY LOCAL REG. <u>10-20-55</u> | REGISTRAR'S SIGNATURE <u>W. E. Enticknap</u> | 156-125 FUNERAL DIRECTOR'S SIGNATURE <u>E. S. Jones</u> | ADDRESS <u>Concordia, Mo</u> |
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(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 Ma....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. S. James.....
Licensed Embalmer No. 205.....
P. O. Address Concord.....

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.