

FILED DEC 30 1955

STANDARD CERTIFICATE OF DEATH

State File No. 39626

BIRTH NO. REG. DIST. NO. 30 PRIMARY REG. DIST. NO. 4038 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BENTON	
b. CITY OR TOWN WARSAW	c. LENGTH OF STAY (In this place) 5 MONTHS	c. CITY OR TOWN WARSAW	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 LAKE SIDE Rest Home		e. STREET ADDRESS (If rural, give location) 4 Miles North	

3. NAME OF DECEASED (Type or Print)	a. (First) ETHEL	b. (Middle) KATHERINE	c. (Last) FAILER	4. DATE OF DEATH (Month) (Day) (Year) Dec 16 1955
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 3, 1887	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 5 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Benton Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George M. Jones	13b. MOTHER'S MAIDEN NAME Katherine Engle	14. NAME OF HUSBAND OR WIFE Charley Failer
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charley Failer ADDRESS Warsaw, 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral infarction, multiple, bilateral		INTERVAL BETWEEN ONSET AND DEATH 7 mos.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized		
	DUE TO (c) Chronic myocardosis (Coronary atherosclerosis)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None	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)
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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 **July**, 1955, to **Dec. 15**, 1955, that I last saw the deceased alive on **Dec 15**, 1955, and that death occurred at **6:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE E. L. ... (Degree or title)	23b. ADDRESS Warsaw, Mo.	23c. DATE SIGNED 12/16/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec 18, 1955	24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	24d. LOCATION (City, town, or county) (State) Warsaw Benton Co., Mo.
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DATE REC'D BY LOCAL REG. Dec. 18-1955	REGISTRAR'S SIGNATURE Geo. A. Logan	25. FUNERAL DIRECTOR'S SIGNATURE John F. Reser ADDRESS Warsaw
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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John F. Reese

Licensed Embalmer No.....#

P. O. Address *Warsaw*

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.