

FILED MAY 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14188
State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5913 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McBride</u>		c. CITY OR TOWN <u>McBride</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Perryville, Mo. R.3.</u>		e. STREET ADDRESS (If rural, give location) <u>Perryville, Mo. R.3.</u>		0790	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) _____ c. (Last) <u>Fuytinek</u>			4. DATE OF DEATH <u>April 17, 1956</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>August 17, 1897</u>		9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Belgique, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edmond Fuytinek</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalee Nuyt</u>	
14. NAME OF HUSBAND OR WIFE <u>Marie De Clerk</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edmond P. Fuytinek, Perryville, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arteriosclerotic Heart Disease 6mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20yr.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arteriosclerotic Heart Disease 6mo.</u>		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic bronchitis</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		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 1-3, 1956, to 4-17, 1956 that I last saw the deceased alive on 4-2, 1956, and that death occurred at 5:00A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. F. Fairclough, M.D.</u>		23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>4-18-56</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Hey</u>		ADDRESS <u>Perryville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>4-20-56</u>		REGISTRAR'S SIGNATURE <u>Joel J. Zellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Hey</u>	
ADDRESS _____		ADDRESS _____		ADDRESS _____	

(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..... *Albert Bey*

Licensed Embalmer No.....

P. O. Address..... *Perryville*

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.