

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4440

FILED FEB 28 1957

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 5478 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marion Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Rt 1 Laredo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt 1 Laredo</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>FRANK J FAIV</u> First Middle Last			4. DATE OF DEATH <u>Feb 25 1957</u> Month Day Year		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 7, 1894</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
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 country) <u>Helena, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>J.F. FAIV</u>			14. MOTHER'S MAIDEN NAME <u>Maud Coffee</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No None</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Frank Faiv</u> Address <u>Rt 1 Laredo MO</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Angina Pectoris</u> <u>Uremic Infection</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <input checked="" type="checkbox"/> DUE TO (b) <input type="checkbox"/> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>3 or 4 hrs</u> <u>1 day</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year. a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 8:00 Feb 25 to Feb 25 and last saw ^{her}him alive on Feb 15
Death occurred at 8:00 P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>E. A. Duffy M.D.</u> (Degree or title)	22b. ADDRESS <u>Trenton MO</u>	22c. DATE SIGNED <u>Feb 26</u>
--	--------------------------------	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/27/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Is. of Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Trenton MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>J. Gordon Blackmore Trenton MO</u>		25. DATE RECD. BY LOCAL REG. <u>2-27-57</u>	26. REGISTRAR'S SIGNATURE <u>Irene Faiv</u>

(Licensed Embalmer's Statement on Reverse Side)

115
Dr. E.A. Duffy

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 29 1957

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 *Harold L. Roberts*

Licensed Embalmer No. *49*

P. O. Address *Secretary*

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.