

FILED OCT 1 1957

STANDARD CERTIFICATE OF DEATH

30713
STATE FILE NUMBERRegistration District No. 4 Primary Registration District No. 4014 Registrar's No. 86

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Atchison</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fairfax</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fairfax</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Phelps City.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>				d. STREET ADDRESS <u>none</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Louisa</u>		Middle <u>Bethel</u>		Last <u>McAfee</u>		Month <u>9</u> Day <u>18</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-26-1883</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.
		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		Months <u>74</u> Days <u>0</u> Hours <u>22</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Fremont, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>John Ward</u>				14. MOTHER'S MAIDEN NAME <u>Anna Glasgow</u>			
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>none</u>		17. INFORMANT <u>Minnie Wells</u>		Address <u>Phelps City.</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>Cerebral thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Arteriosclerosis.</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10 years</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? <u>0</u> 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 <u>a. m.</u> Month, Day, Year					
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 <u>July 1951</u> to <u>9-18-57</u> and last saw her/him alive on <u>9-18-57</u> Death occurred at <u>3pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Wallace Carpenter m d</u> (Degree or title)				22b. ADDRESS <u>Rockport mo.</u>		22c. DATE SIGNED <u>9-19-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>9-21-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenhill Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.</u>	
24. FUNERAL DIRECTOR <u>Bartholomew Mortuary, Rockport.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Sept 28, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Theroin J. Schaefer</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....

Ernest Bartholomew

Licensed Embalmer No. 317

P. O. Address Rock Point

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.