

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34866
STATE FILE NUMBER
1101

FILED OCT 21 1957

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **1101**

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Buchanan) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | c. CITY OR TOWN St. Joseph | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 E. Colorado | | d. STREET ADDRESS 214 E. Colorado | |
| 3. NAME OF DECEASED (Type or print) First William Middle Hiram Last Fasching | | 4. DATE OF DEATH Oct. 5, 1957 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 18, 1877 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of last year, if retired) Beef Butcher | | 11. BIRTHPLACE (City and state or country) Devenport Iowa | |
| 13a. FATHER'S NAME Elijah E. Fasching | | 14. NAME OF HUSBAND OR WIFE Ella Fasching | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. Unknown | |
| 17. INFORMANT Corbett H. Fasching, St. Joseph, Missouri | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA | | INTERVAL BETWEEN ONSET AND DEATH 5 day | |
| Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) INFLUENZA | | 15 day | |
| DUE TO (c) | | 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"/> | | 480X | |
| 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 a.m. Month, Day, Year p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 1945 to Oct. 5, 1957 and last saw ^{her} alive on Sept. 4, 1957 Death occurred at 1:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE W. E. Harkness (Degree or title) | |
| 22b. ADDRESS 3132 St. Joseph Ave. St. Joseph, Missouri | | 22c. DATE SIGNED 10-7-57 | |
| 23a. BURIAL, CREMATION, etc. (Specify) | 23b. DATE 10/8/57 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | 23d. LOCATION (City, town, or county) St. Joseph, Missouri (State) |
| 24. FUNERAL DIRECTOR Clark Funeral Home St. Joseph, Missouri | | 25. DATE RECD. BY LOCAL REG. Oct. 14, 1957 | |
| 26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton | | | |

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 *Emma Clark*

Licensed Embalmer No. *4238*

P. O. Address *St. Joseph*

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.