

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

909
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 80B

300
1-57

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Houston</u> 1070 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> | | Length of stay in lb <u>9 hrs</u> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>CHARLES WILLIAM FAZEL</u> | | | 4. DATE OF DEATH Month Day Year <u>January 21, 1958</u> | | |
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| 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>Jan 9, 1888</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months Days | 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) <u>County Officer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Sheriff Off.</u> | 11. BIRTHPLACE (City and state or country) <u>Concordia, Kans</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.S.</u> |
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| 13a. FATHER'S NAME <u>William Fazel</u> | 13b. MOTHER'S MAIDEN NAME <u>Sarah Way</u> | 14. NAME OF HUSBAND OR WIFE <u>Zella Fazel</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>442-09-6595</u> | 17. INFORMANT Address <u>Zella Fazel, Houston, Missouri</u> |
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| 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>Saddle embolism (aorta)</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>about 16 hrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) _____ | 454X |
| | DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic coronary thrombosis</u> | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. |
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| 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 |
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| 21. I attended the deceased from <u>Jan 20</u> to <u>Jan 21 '58</u> and last saw her alive on <u>Jan 21 '58</u> Death occurred at <u>3:03 P.M.</u> in on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) <u>Wardell E. Swan</u> | 22b. ADDRESS <u>Springfield, Mo</u> | 22c. DATE SIGNED <u>1-23-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>Jan 21, 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Vollmar Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Jewell E. Windle</u> | RW ADDRESS <u>Springfield, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>1-27-58</u> | 26. REGISTRAR'S SIGNATURE <u>Offie G. Melton</u> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

FEB 3 1958

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 *Robert E. Muhleman*

Licensed Embalmer No. *4916*

P. O. Address *Springfield, Mo*

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.