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THE DIVISION OF HEALTH OF MISSOURI

FILED FEB 7 1958

STANDARD CERTIFICATE OF DEATH

4254

STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. 6241 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Bretou — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1½ mi S. Potosi — Length of stay in Hospital: 16 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Washington
c. CITY OR TOWN: Potosi 1100 — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1½ mi S. Potosi — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Emma — Middle: Augusta — Last: Fatchett

4. DATE OF DEATH: Month: Feb. — Day: 2 — Year: 1958

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Sept. 2 1877
9. AGE (In years at last birthday): 80 — IF UNDER 1 YEAR: Months: 5 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Stark
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Guy H. Fatchett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Gladys McLaughlin — Address: Potosi Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart Failure from — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis Myocarditis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4.2.2.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sudden and last saw her alive on Did not
Death occurred at 6 30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A F Cresswell MD (Degree or title)
22b. ADDRESS: Potosi Mo
22c. DATE SIGNED: 2/3/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-4-58
23c. NAME OF CEMETERY OR CREMATORY: Hopewell Cemetery
23d. LOCATION (City, town, or county) (State): Washington Co. Mo.

24. FUNERAL DIRECTOR: Mr. Luther Sparks — ADDRESS: Potosi
25. DATE REGD. BY LOCAL REG.: 2/4/58
26. REGISTRAR'S SIGNATURE: Hilrut Kodad

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Part I. Use Part II for other significant conditions not related to the cause given in Part I (a). All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.