

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022671
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PORTAGEVILLE		c. CITY OR TOWN PORTAGEVILLE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 405 SUNSET BLVD.		d. STREET ADDRESS (If outside, give location) 405 SUNSET BLVD.	

3. NAME OF DECEASED (Type or print) First GREGORY Middle J. Last FAHERTY			4. DATE OF DEATH Month JUNE Day 9 Year 1958		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 31, 1876	9. AGE (In years last birthday) 81	10. FUNDING YEAR	11. IF UNDER 24 HRS. Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) RYMA, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JAMES FAHERTY	13b. MOTHER'S MAIDEN NAME HELENA O'HARA	14. NAME OF HUSBAND OR WIFE MARTHA FAHERTY
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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)	16. SOCIAL SECURITY NO. 492-42-0899	17. INFORMANT MARGARET DELISLE Address PORTAGEVILLE
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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) pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days 3 months 3 months
DUE TO (b) starvation		
DUE TO (c) undiagnosed pulmonary disease		
PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) leucemia		19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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.)
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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
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21. I attended the deceased from Aug 56 to 9 June 58 and last saw him alive on 9 June 58	
Death occurred at _____ on the date stated above, and to the best of my knowledge from the causes stated.	

21a. SIGNATURE R. S. Smith M.D. (Dec. or title)	21b. ADDRESS Portageville, Mo.	21c. DATE SIGNED 6-17-58
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22a. BURIAL, CREMATION, -REMOVAL (Specify) BURIAL	22b. DATE JUNE 10, 1958	22c. NAME OF CEMETERY OR CREMATORY TIPTON CEMETERY	22d. LOCATION (City, town, or county) (State) TIPTON, MO.
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24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR ADDRESS Portageville, Mo.	25. DATE RECD. BY LOCAL REG. 6-18-58	26. REGISTRAR'S SIGNATURE Ellen M. Lile Milam
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

5. 300
1-57
0721

OCT 7 1958

DATE RECEIVED JUL 2 1958
NEW MADRID CO. HEALTH CENTER
E. S.

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 Joseph A. ...
Licensed Embalmer No. 4481
P. O. Address Fortageville 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.