Health, Welfare ublic ervice

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008313 STATE FILE NUMBER

FILED MAR 20 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 628 E. Promenade — Length of stay in 1b 21 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 628 E. Promenade — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Harry Middle E Last Fecht

4. DATE OF DEATH Month Mar. Day 17 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Dec. 5, 1894
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher
10b. KIND OF BUSINESS OR INDUSTRY Restaurant
11. BIRTHPLACE (City and state or country) Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joe Fecht
13b. MOTHER'S MAIDEN NAME Linnie Barnett
14. NAME OF HUSBAND OR WIFE Lena Fecht

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-1
16. SOCIAL SECURITY NO. 491-05-6366
17. INFORMANT Mrs. Lena Fecht Address Mexico, Missouri

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) Cirrhosis of the Liver — INTERVAL BETWEEN ONSET AND DEATH 5-7 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) alcoholism
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5811
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 3-11-59, to 3-14-59 and last saw her/him alive on 3-14-59
Death occurred at 3-17-59 - 12 Noon m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. Doolittle, D.O.
22b. ADDRESS Mexico, Mo.
22c. DATE SIGNED 3-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-19-1959
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
23d. LOCATION (City, town, or county) (State) Mexico, Missouri

24. FUNERAL DIRECTOR ADDRESS Arnold Funeral Home Mexico, Mo.
25. DATE RECD. BY LOCAL REG. March 17-59
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 ...Leo H. Whitake...

Licensed Embalmer No. 4780

P. O. Address Mexico, Me

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.