

IRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 27 1960 251

=60-023934
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3048 Registrar's No. 157

INDEXED

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Nodaway									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in lb 2 weeks		c. CITY OR TOWN Barnard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ROSANNA Middle FADDIS Last FADDIS				4. DATE OF DEATH Month 6 Day 22 Year 60									
5. SEX Female		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 4/18/95		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done in job most of working life, or if retired) Owner - merchant				10b. KIND OF BUSINESS OR INDUSTRY Hardware Store		11. BIRTHPLACE (City and state or country) Clyde, Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Daniel Craig				13b. MOTHER'S MAIDEN NAME Alberta Bryson				14. NAME OF HUSBAND OR WIFE Frank Faddis, dec.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 486-30-4496		17. INFORMANT Address Robert Faddis, Kansas City, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Myocardial Infarction</i> DUE TO (b) <i>Coronary Arteriosclerosis</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH < 10 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Post-radiation Adenocarcinoma of Uterus</i>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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. _____ p.m.		Month, Day, Year _____											
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					
21. I attended the deceased from 1-1-60 to 6/22/60 and last saw <input checked="" type="checkbox"/> him <input type="checkbox"/> her alive on 6-22-60 Death occurred at 2:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Stan Gump</i> (Degree or title) M. D.				22b. ADDRESS Maryville, Missouri				22c. DATE SIGNED 6/22/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 6/25/60		23c. NAME OF CEMETERY OR CREMATORY Sweet Home		23d. LOCATION (City, town, or county) (State) Ravenwood, Missouri							
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 6-23-60		26. REGISTRAR'S SIGNATURE <i>Bess Holt</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clara M. Price

Licensed Embalmer No. 1822

P. O. Address Marysville

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.