

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033701

FILED VS. SEP 27 1960

STATE FILE NUMBER

UNRECORDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 223

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln Twn		Length of stay in 1b 1 Hr	c. CITY OR TOWN Westboro
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Henry Hess Farm		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3/4 Mi West of Westboro
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Jacob Middle Henry Last Fecher			4. DATE OF DEATH Month Sept Day 13th Year 1960		
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5. SEX Male	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/19/1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done or if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U S
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13a. FATHER'S NAME George Fecher	13b. MOTHER'S MAIDEN NAME Mary Eggert	14. NAME OF HUSBAND OR WIFE Bessie Fecher
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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) No	16. SOCIAL SECURITY NO. 497-40-5319	17. INFORMANT Bessie Fecher	Address Westboro, Mo
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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) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 December 1958 to September 13 and last saw him alive on September 1, 1960 Death occurred at 7:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Edward S. Kane MD	(Degree or title)	22b. ADDRESS Tarkio Mo	22c. DATE SIGNED 9/15/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/15/1960	23c. NAME OF CEMETERY OR CREMATORY Center Grove	23d. LOCATION (City, town, or county) Westboro Missouri
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24. FUNERAL DIRECTOR Tucker Funeral Home	ADDRESS Westboro, Missouri	25. DATE RECD. BY LOCAL REG. Sept 21, 1960	26. REGISTRAR'S SIGNATURE Thermin N. Schaefer
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 3 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 me
or by Scott Tucker, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2824

P. O. Address Westboro, Miss

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.