

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017428

ED MAY 29 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2377 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Length of stay in lb <i>53 days</i>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>300 1/2 Main</i>
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Oma</i> Middle <i>Fairburn</i> Last <i>Fairburn</i>			4. DATE OF DEATH Month <i>5</i> Day <i>11</i> Year <i>61</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>10-17-84</i>	9. AGE (last birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookkeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Jenkins Mfg. Co. Mount Vernon, Missouri</i>		11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Alex Fairburn</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Stringer</i>		14. NAME OF HUSBAND OR WIFE <i>Lester</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>UNK.</i>		17. INFORMANT <i>Mr. Wayne Fairburn, 320 Polk St. Pueblo, Colorado</i>		

18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Basilar Cerebral Thrombosis*

with *left cerebellar and pontine infarction*

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.
- DUE TO (b) *infarction*

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.
 Yes No Unknown

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.)
20c. TIME OF INJURY Hour <i>11:20</i> a.m. <i>A.</i> Month, Day, Year <i>5-9-61</i>	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 *5-9-61 11:20 A.* to *5/11/61* and last saw her alive on *5/11/61*

Death occurred at *11:20 A.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title)	22b. ADDRESS <i>2409 Perry - City</i>	22c. DATE SIGNED <i>5/12/61</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>5-15-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mount Calvary Cemetery, Kansas City, Kansas</i>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <i>Weiler Funeral Homes (S) 200 E. Me.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>5-15-61</i>	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

(Licensed Embalmer's Statement on Reverse Side)

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

B. E. Weiler

Licensed Embalmer No.

4075

P. O. Address

K. C. 8, M

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.