S. No. 2
0M—2-43
v. 5-17-39
1 X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

25711

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26935

Registration District No. _____ Primary Registration District No. 3027 Registrar's No. 82

1. PLACE OF DEATH:
(a) County Harrison Co
(b) City or town Bethany
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: Bethany Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb 32
(c) City or town Santa Rosa 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) /
If yes, name country

3. (a) PRINT FULL NAME William B Fadely
3. (b) If veteran, name war —
3. (c) Social Security No. _____
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Etta Ann Fadely
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Dec. (Month) 8 (Day) 1865 (Year)
8. AGE: Years 80 Months 7 Days 23 If less than one day _____ hr. _____ min.
9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation /
11. Industry or business Operated Saw Mill
MOTHER FATHER
12. Name Wm Jacob Fadely
13. Birthplace Ind (City, town, or county) (State or foreign country)
14. Maiden name ~~Susan Ann Hefner~~
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Etta Fadely
(b) Address Santa Rosa Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director [illegible]
(b) Address Patterson Mo
19. (a) 8/3/46 (Date received by registrar) (b) Zola Beddrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1
year 1946 hour 1230 noon minute _____ M.
21. I hereby certify that I attended the deceased from July 15, 1946, to Aug 1, 1946
that I last saw him alive on Aug 1, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	5 min
Due to: Coronary thrombosis	2 yrs
Due to: Chronic Myocarditis	4 yrs
Other conditions: Hypertension (Include pregnancy if within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Polk Mo Date signed 8/3/46

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(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed G L Gramer

Licensed Embalmer No. 2557

P. O. Address Patterson 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 this body is not embalmed, fact should be so stated above.