

FILED DEC 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40823

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 62

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT. SARAH FRANCES FAST
FULL NAME

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John M. Fast 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased June 19 1874 (Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Tuscombie, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas B. Reed

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Martha E. Montgomery (City, town, or county) (State or foreign country)

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant John M. Fast

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Dec 16 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nigh Cemetery

18. (a) Signature of funeral director Konantz Funeral Home

(b) Address Lamar, Missouri

19. (a) DEC 15 1947 (Date received local registrar) (b) Marie Konantz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12 year 1947 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Nov. 23, 1947, to Dec. 12, 1947; that I last saw her alive on Dec. 10, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Due to: Coronary artery disease

Due to:

Other conditions: Diabetes mellitus (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: U

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(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? (Specify type of place) (e) Means of injury

23. Signature: Ann T. Bichel (M. D. or other) M.D.

Address: Lamar, Mo Date signed: 12/12/47

Duration

Subs

Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1247-1302

Date Filed 12-23-47

AUG 2 1955

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.....

Frank W. Denton *Frank W. Denton*, Registered Apprentice No. 7
working under my personal supervision.

Signed *Carl F. Monantz*
Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.