

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41441**

49

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

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>239</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>			c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u>			7
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1303 S. Main St.</u>				d. STREET ADDRESS (If rural, give location) <u>1303 S. Main St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EFFIE</u>		b. (Middle) <u>Maude</u>		c. (Last) <u>FAIRFIELD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 28, 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>June 23, 1872</u>		9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>5</u>
IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Hancock Co, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Cornelius Gooding</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Holcomb</u>		14. NAME OF HUSBAND OR WIFE <u>Mont B. Fairfield</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rodney Fairfield, Webster Groves, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u> <u>several yrs</u> <u>1 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					120. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 11</u> , 19 <u>49</u> , to _____, 19____, that I last saw the deceased alive on <u>Jan 5</u> , 19 <u>49</u> , and that death occurred at <u>4:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degrees or title) <u>Russell Smith</u>				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>12-29-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec 29, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-29-49</u>		REGISTRAR'S SIGNATURE <u>L. E. Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Knell</u>		ADDRESS <u>Mortuary Carthage, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-3-50  
Jasper County Health Office

County File Number 49-12-990

Date Filed 1-11-50

DEC 6 1950

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 \_\_\_\_\_  
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.