

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5511**

FILED FEB 21 1950

BIRTH NO. _____		REG. DIST. NO. <u>234</u>		PRIMARY REG. DIST. NO. <u>4349</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH a. COUNTY <u>Morgan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Morgan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stover, Missouri.</u>		<u>5710</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stover, Missouri.</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>			b. (Middle) <u>HENRY</u>		c. (Last) <u>FAJRN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 11 1950</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 26, 1867</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR <u>9</u> Months <u>15</u> Days		IF UNDER 1 HRS. <u>0</u> Min.		<u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber Yard</u>		11. BIRTHPLACE (State or foreign country) <u>Stover, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Fajen</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Holsten</u>		14. NAME OF HUSBAND OR WIFE <u>Sena Fajen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Henry Wischer, Stover, Mo.</u> ADDRESS _____			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Deкомпensation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Senility</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vertebral Arthritis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> <u>years</u> <u>years</u> <u>5 yrs</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4500</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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>June</u> , 19 <u>45</u> , to <u>Feb 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 11</u> , 19 <u>50</u> , and that death occurred at <u>4: p.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. L. Washburn M.D.</u>			23b. ADDRESS <u>Versailles, Mo</u>			23c. DATE SIGNED <u>2/12/50</u>	
24a. BURIAL, CREMA-TION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 15 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stover, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 16th 1950</u>		REGISTRAR'S SIGNATURE <u>Norm. L. Ripberger</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Washburn</u>		ADDRESS <u>Stover, Mo.</u>	

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

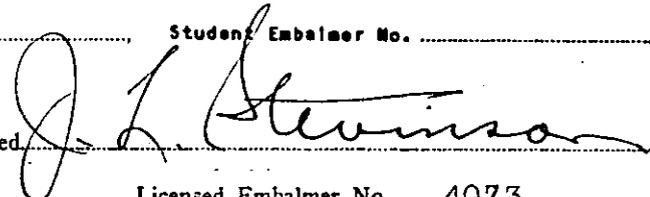
**RECEIVED**  
District Health Officer No. 7,  
District File Number 1-58-93  
Date Filed 2-20-58

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  .....  
Student Embalmer No. ....  
Licensed Embalmer No. 4073 .....

P. O. Address Stover, 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.