

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27328

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Herculaneum</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Herculaneum</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>6590</u>	

3. NAME OF DECEASED (Type or Print): a. (First) <u>James</u> b. (Middle) _____ c. (Last) <u>Fatchett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16 - 1950</u>		
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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>July 8 - 1874</u>	9. AGE (years last birthday) <u>75</u>	IF UNDER 1 YEAR (Months) <u>11</u>	IF UNDER 24 HOURS (Days) <u>8</u>	IF UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>M. R. + B.T. R.R.</u>	11. BIRTH PLACE (State or foreign country) <u>Irondale Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Fatchett</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Mc Carron</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Hodge</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>James Fatchett</u> ADDRESS <u>128 St Louis Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>
	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>Hypertension & arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to June 16, 1950, that I last saw the deceased alive on June 16, 1950, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Alv E Lenn</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Herculaneum, Mo</u>	23c. DATE SIGNED <u>6/17/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-18-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Herculaneum Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Herculaneum Mo</u>
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DATE REC'D BY LOCAL REG. <u>6/17/50</u>	REGISTRAR'S SIGNATURE <u>Claude Sellemle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Vinyard</u> ADDRESS <u>Festus Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500

DATE RECEIVED 8-17-50

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

AUG 22 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

working under my personal supervision.

Student Embalmer No.

Signed

James Ammerford

Signed.....

Student Embalmer

Licensed Embalmer No. 4744

P. O. Address Crystal City, 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.