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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1951

State File No. 13332

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 4349 Registrar's No. 9

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. 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>		d. STREET ADDRESS (If rural, give location) <u>Stover, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stover, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Herman</u> c. (Last) <u>Fajen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May, 1, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 6, 1911</u>
9. AGE (In years last birthday) <u>39</u>		10. MONTHS <u>8</u>	11. DAYS <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minnow Hatchery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fish-Bait</u>	11. BIRTHPLACE (State or foreign country) <u>Stover, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Louis Fajen</u>	
13b. MOTHER'S MAIDEN NAME <u>Minnie Brandt</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel Fajen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>494-12-4698</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Fajen</u> ADDRESS <u>Stover, Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dilatation of heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Died instantly</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephalo-Renal disease &amp; Embolus of liver</u>		several weeks	
DUE TO (c) <u>Chronic alcoholism</u>		several years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>alcoholic gastritis</u>		2 months	
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)
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>July 19, 1950</u> , to <u>May 1, 1951</u> , that I last saw the deceased alive on <u>May 1, 1951</u> , and that death occurred at <u>11:45 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack Gunn M.D.</u> (Degree or title)		23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>5.3.51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stover, Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 4th 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. L. Ripperger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. Stevenson</u> ADDRESS <u>Stover, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

**RECEIVED**  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed \_\_\_\_\_

MAY 10 1951

*James R. Scrivner*

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

James R. Scrivner

Student Embalmer No. 404

working under my personal supervision.

Student *James R. Scrivner*  
Student Embalmer

Signed \_\_\_\_\_

*J. R. Scrivner*  
Licensed Embalmer No. 4073

P. O. Address Stover, 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.