

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 180

490

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

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) OR TOWN <u>Rural-Joplin Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cartersville</u> <u>0490</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>101 West Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atlas Powder Company</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SYLVESTER</u>	b. (Middle) <u>A.</u>	c. (Last) <u>FAIR</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 10, 1951</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>Married</u>	8. DATE OF BIRTH <u>March 24, 1908</u>	9. AGE (In years last birthday) Months Days <u>43</u> <u>7</u> <u>26</u>	IF UNDER 1 YEAR Hours Min.	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>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Atlas Powder Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Washington</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Harve D. Fair</u>	13b. MOTHER'S MAIDEN NAME <u>Pearl Crow</u>	14. NAME OF HUSBAND OR WIFE <u>Edna Marie Fair</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) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-01-5387</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Atlas Powder Company Joplin, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocution fatal 3rd degree</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>turns jaw, neck, & shoulders</u> <u>(3400 volt alternating current)</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E914 Co</u> <u>49</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>049</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Atlas Powder Company</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Joplin (Joplin Twp) Jasper Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>11-10-51 205</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>working</u>
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22. I hereby certify that I attended the deceased from _____, 19____, and that death occurred at 3:05 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. ...</u>	23b. ADDRESS <u>Joplin Nat'l Bank Bldg.</u>	23c. DATE SIGNED <u>11-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov 13-51</u>	REGISTRAR'S SIGNATURE <u>W. W. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedge Lewis Webb City, Mo.</u>
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RECEIVED 11-20-51

Jasper County Health Office

County File Number 51/11/858

Date Filed 11-20-51

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 Edward J. Lewis Jr.

Licensed Embalmer No. 4561

P. O. Address Webb Co. 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.