S. No. 300
v. 10.48

FEB 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Bohnsack 1925

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. ~~134~~ 125

1582
0

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McLarney Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield 1582
d. STREET ADDRESS (If rural, give location): 632 S. Main 0

3. NAME OF DECEASED (Type or Print)
a. (First): ADAM
b. (Middle): —
c. (Last): FAUSS

4. DATE OF DEATH (Month) (Day) (Year): Feb - 6 - 1952

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec-16-1867
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 1, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Standard Oil Distributor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shellweiler Germany 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Theobold Fauss
13b. MOTHER'S MAIDEN NAME: D. Katherine Fegert
14. NAME OF HUSBAND OR WIFE: Agusta Fauss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Adam Fauss Brookfield
ADDRESS: Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive heart failure — 1 wk.
DUE TO (c): Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Uremia

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: — 4500
20. AUTOPSY? YES ☐ NO ☑

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) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Oct. 7, 1947, *to* Feb. 6, 1952, *that I last saw the deceased alive on* Feb. 6, 1952, *and that death occurred at* 1 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bw Bohnsack MD
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 2/4/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb-8-1952
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county): Brookfield (State): Mo

DATE REC'D BY LOCAL REG.: 2-8-52
REGISTRAR'S SIGNATURE: Glynetta Burkholder 167-0 Dys
25. FUNERAL DIRECTOR'S SIGNATURE: J. B. Blacklock Brookfield Mo
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. K. Blacklock

Signed.....
Student Embalmer

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.