

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39068

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5570 Registrar's No. 470

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sibley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sibley	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) none used	
d. FULL NAME OF HOSPITAL OR INSTITUTION his own home			

3. NAME OF DECEASED (Type or Print)	a. (First) Lee	b. (Middle) ----	c. (Last) Fain	4. DATE OF DEATH (Month) (Day) (Year) Nov. 22. 1952
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 13. 1887.	9. AGE (In years last birthday) 65 Months 7 Days 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor-bridge-farm	10b. KIND OF BUSINESS OR INDUSTRY labor*Hi-way	11. BIRTHPLACE (State or foreign country) Sackville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John C Fain	13b. MOTHER'S MAIDEN NAME Callie Davis	14. NAME OF HUSBAND OR WIFE Mary Jane Edith Fain
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, N, or unknown) (If Y, give war or date of service) Yes. First WW. 1918-1919	16. SOCIAL SECURITY NO. 496-09-4492	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maryjane Edith Fain-Sibley	ADDRESS Sibley
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)	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 May, 1942, to NOV. 22, 1952, that I last saw the deceased alive on Nov 22, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John L. Weisler DO	23b. ADDRESS Buckner Missouri	23c. DATE SIGNED 11/24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 25. 52	24c. NAME OF CEMETERY OR CREMATORY Buckner Hill Cemetery	24d. LOCATION (City, town, or county) (State) Buckner Missouri
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DATE REC'D. BY LOCAL REG. 11/25/52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Buckner Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

480

DECO

20

DEC 16 1952

JAN 26 1953

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, RM

~~Student Embalmer~~

working under my personal supervision.

Student
Student Embalmer

Signed Ralph O Jones

Licensed Embalmer No. 4604

P. O. Address Buckner, 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.