

## STANDARD CERTIFICATE OF DEATH

State File No. 39348

FILED NOV 17 1952

BIRTH NO.

REG. DIST. NO. 179

PRIMARY REG. DIST. NO. 4289

Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hawthorn</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hawthorn 0570</u>	
c. LENGTH OF STAY (in this place) <u>30yr</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In his home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>ERNST</u>	c. (Last) <u>FASSE</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4 1952</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>Jan 12 1866</u>
9. AGE (In years last birthday) <u>86</u>	10. MONTHS <u>9</u>	11. DAYS <u>19</u>	12. IF UNDER 1 YEAR OF UNDER 100 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Saw mill Business Lumbering</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>	11. BIRTHPLACE (State or foreign country) <u>0</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.B.</u>			
13a. FATHER'S NAME <u>Ernst Fasse</u>		13b. MOTHER'S MAIDEN NAME <u>Larise Beckhouse</u>	14. NAME OF HUSBAND OR WIFE <u>Susana Fasse</u>
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Susana Fasse Hawthorn 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion rule</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		<u>6 yr</u>
	DUE TO (c) <u>Chronic Myocarditis</u>		<u>3 mo</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myxomatous heart valve</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Stile Sementin</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>4200</u>	
22. I hereby certify that I attended the deceased from <u>Aug 10, 1950</u> , to <u>Nov 4, 1952</u> , that I last saw the deceased alive on <u>Nov 4, 1952</u> , and that death occurred at <u>1:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter H. Hatcher MD</u>		23b. ADDRESS <u>Warenton Mo</u>	23c. DATE SIGNED <u>11-8-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov 9 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hawthorn Cem Hawthorn</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
DATE REC'D BY LOCAL REG. <u>11-15-52</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne McRay Troy MO</u>	
		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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Wayne McLeary*  
.....  
Licensed Embalmer No. *3986*

P. O. Address.....  
*Troy 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.**