

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4034**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **235**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 32 yrs		d. STREET ADDRESS (If rural, give location) 2704 Osage Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2704 Osage Street			

3. NAME OF DECEASED (Type or Print) a. (First) Emanuel b. (Middle) c. (Last) Fager			4. DATE OF DEATH (Month) (Day) (Year) February 27, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 28, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Ret.		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Gas Industry Lehr Construction Co.		11. BIRTHPLACE (State or foreign country) Jefferson County, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME David Fager		13b. MOTHER'S MAIDEN NAME Mary Gwin		14. NAME OF HUSBAND OR WIFE Burnettie Fager	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Burnettie Fager St. Joseph, Mo.	

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 24 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of femoral vein		DUE TO (b) General Arteriosclerosis				1 yr +
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (c) Arteriosclerotic heart disease				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		Carcinomatosis of prostate				1 yr +

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)		4200	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 **3-29-49**, 19___, to **2-27-54**, 19___, that I last saw the deceased alive on **2-24-54**, 19___, and that death occurred at **1:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Design or title) Clayton Smith M.D.		23b. ADDRESS 218 N. 7th Street St. Joseph, Missouri		23c. DATE SIGNED 3-2-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 2, 1954		24c. NAME OF CEMETERY OR CREMATORY Horton Cemetery	
24d. LOCATION (City, town, or county) (State) Horton, Kansas					

DATE REC'D BY LOCAL REG. Mar 4, 1954		REGISTRAR'S SIGNATURE Arthur M. Allison		FUNERAL DIRECTOR'S SIGNATURE Wm. J. Falckman		ADDRESS St. Joseph, Mo.	
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(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 Robert P. Huntington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.