

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4295

State File No.

BIRTH FILED FEB 24 1954 REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN <u>Kahoka</u>		c. CITY OR TOWN <u>Luray Mo</u>	
c. LENGTH OF STAY (in this place) <u>3 wks</u>		d. STREET ADDRESS (If rural, give location) <u>W. Jaconda Tp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ward Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Otho</u>	b. (Middle) <u>Rollo</u>	c. (Last) <u>Fairbrother</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1954</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>Nov. 25-1890</u>	9. AGE (In years last birthday) <u>63</u>	# UNDER 1 YEAR	# UNDER 11 mos.	# UNDER 11 days	# UNDER 11 hours	# UNDER 11 min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>E.S. Fairbrother</u>	13b. MOTHER'S MAIDEN NAME <u>Lattie Carthen</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Fairbrother</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <u>491-36-8318</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ethel Fairbrother</u>	ADDRESS <u>Luray 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial degeneration</u>		
	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 <u>331 X</u>	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)
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?

22. I hereby certify that I attended the deceased from Jan. 23, 1954, to Feb. 9, 1954, that I last saw the deceased alive on Feb. 7, 1954, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. S. Fairbrother</u>	(Degree or title)	23b. ADDRESS <u>Kahoka, Mo</u>	23c. DATE SIGNED <u>Feb 13 1954</u>
---	-------------------	--------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 12-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kahoka Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kahoka Mo.</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>2/17-54</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Justing Weid</u>	ADDRESS <u>Kahoka</u>
---	--	--	-----------------------

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

02-20

1956

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 Chas L. Lutting

Licensed Embalmer No. 2965

P. O. Address Wayne

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.