

FILED JUL 12 1954

STANDARD CERTIFICATE OF DEATH

18671

State File No. ....  
REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 110

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>Grundy</b>	
b. CITY OR TOWN <b>Trenton</b>		c. CITY OR TOWN <b>Trenton</b>	
c. LENGTH OF STAY (In this place) <b>40 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>415 W 11 St. (Home)</b>		e. STREET ADDRESS (If rural, give location) <b>415 W 11st 0400</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Addison</b> c. (Last) <b>FAIR</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 26 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>NOV. 20, 1875</b>		9. AGE (In years last birthday) <b>78</b>		10. IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PHARMACIST</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>DRUGS</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LIVINGSTON COUNTY MO U.S.A</b>	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <b>THOMAS FAIR</b>		13b. MOTHER'S MAIDEN NAME <b>NANCY SHIELDS</b>	
14. NAME OF HUSBAND OR WIFE <b>HALLIE FAIR</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	

17. INFORMANT'S SIGNATURE OR NAME <b>HALLIE FAIR</b>		ADDRESS <b>Trenton MO.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b>	
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 <b>1201</b>		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)		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 **June 26th, 1954**, to **June 26th, 1954**, that I last saw the deceased alive on **June 26th, 1954** and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Clara A. Duffin MD</b>		23b. ADDRESS <b>Trenton mo</b>		23c. DATE SIGNED <b>June 28 1954</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>June 29 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>WATSON CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>Trenton MO</b>		DATE REC'D BY LOCAL REG. <b>6-29-54</b>		REGISTRAR'S SIGNATURE <b>Irene Fair</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Blackmore</b>		ADDRESS <b>Trenton mo.</b>			

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

JUL 14 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, or by Myself, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Harold L Roberts

Licensed Embalmer No. 492

P. O. Address Trenton, N.J.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.