

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26503

STATE FILE NUMBER

FILED SEP 4 1956

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <b>GASCONADE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>GASCONADE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HERMANN</b>		c. CITY OR TOWN <b>HERMANN 037</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>235 W. 4<sup>th</sup> ST</b>		d. STREET ADDRESS (If outside, give location) <b>235 W. 4<sup>th</sup> ST</b>	
Length of stay in 1b <b>80 yrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>WILLIAM JOSEPH FAES</b>			4. DATE OF DEATH <b>AUG 19-1956</b>		
First Middle Last			Month Day Year		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 16-1868</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		100. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>HERMANN MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>HERMAN FAES</b>			14. MOTHER'S MAIDEN NAME <b>GAROLINE STEIN</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 <b>VERNON FAES</b> Address <b>HERMANN MO</b>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>PNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>
DUE TO (b) <b>LEFT VENTRICULAR FAILURE</b>		<b>3 DAYS</b>
DUE TO (c) <b>ARTERIO SCLEROSIS</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
		<b>4342</b>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **AUG. 17** to **AUG. 20, 56** and last saw **him** alive on **AUG. 19**  
Death occurred at **4:15 A.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>S. W. Blomer D.O.</b>	22b. ADDRESS <b>Hermann Mo</b>	22c. DATE SIGNED <b>8/20/56</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>8/21/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. GEORGE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>HERMANN MO</b>
24. FUNERAL DIRECTOR <b>HUGO H. Blomer</b> ADDRESS <b>HERMANN MO</b>	25. DATE RECD. BY LOCAL REG. <b>8/21/56</b>	26. REGISTRAR'S SIGNATURE <b>Delma Herken</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 .....  
Signature of Student Embalmer

Signed *Hugo L. ...* .....  
Licensed Embalmer No. 310

P. O. Address *HERMANN* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.