

Health,  
Welfare  
Public  
Service

FILED OCT 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30687

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4133

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

Car H. Brust

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Miami</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> <u>0</u>		c. CITY OR TOWN <b>Oswatomie</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Luth. Hosp.</b>		d. STREET ADDRESS <b>1029 Pacific</b>	
Length of stay in lb <b>1 Month</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>LOUISE</b> Middle <b>D.</b> Last <b>FAIRCHILD</b>			4. DATE OF DEATH Month <b>September</b> Day <b>19</b> Year <b>1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 13, 1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>74</b>
11. BIRTHPLACE (City and state or country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Martin G. Finch</b>		14. MOTHER'S MAIDEN NAME <b>Dora E. Miller</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Cora Haughey, Paola, Kansas</b>		Address	
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>Pulmonary Thrombo-Embolism</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Phlebitis iliac veins</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
DUE TO (c) <b>Intertrochanteric Fracture Rt Femur</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) <b>Intertrochanteric Fracture Right Femur</b>			
20a. ACCIDENT <input checked="" 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.) <b>Fell in Home</b>		
20c. TIME OF INJURY Hour <b>8:00</b> Month, Day, Year <b>Aug-19-56</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Oswatomie, Miami, Kansas</b>		
21. I attended the deceased from <b>8-19-56</b> to <b>9-19-56</b> and last saw her alive on <b>9-19-56</b>		21. Death occurred at <b>8:00</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Car H. Brust, M.D.</b>		22b. ADDRESS <b>106 W 14 St - 100 W 15 St</b>	
22c. DATE SIGNED <b>Sept 20 1956</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9/20/56</b>	23c. NAME OF CEMETERY <b>Oswatomie Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Oswatomie, Kansas</b>
24. FUNERAL DIRECTOR ADDRESS <b>STINE &amp; McCLURE UND. CO., K. C. MO.</b>		25. DATE RECD. BY LOCAL REG. <b>9-22-56</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

---

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 *Elmo D. Triplett*

Licensed Embalmer No. *481*

P. O. Address *Kansas City*

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.