

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38688**

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>97</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>				
b. CITY OR TOWN <u>Shillerado, MO.</u>		c. LENGTH OF STAY (if this place) <u>15 days</u>		c. CITY OR TOWN <u>Rural, Moersville Twp</u>		d. STREET ADDRESS (If rural, give location) <u>05-90</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Business Nursing Home</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>DANIEL</u> b. (Middle) <u>WEL</u> c. (Last) <u>WINGTON-FAIR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov - 15 - 1956</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>June 28 - 1882</u>		
9. AGE (In years last birthday) <u>74</u>		10. 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>Ohio U.S.A.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm H. Fair</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Shuey</u>		14. NAME OF HUSBAND OR WIFE <u>FAYE Reynolds Fair</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. W. Fair, Chicago, Ill. Son</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>76 hrs</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized Arteriosclerosis</u> <u>Unknown</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - <u>Prostatic hypertrophy</u> <u>Unknown</u> <u>Urinary obstruction & uremia</u> <u>6 weeks</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</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 <u>July</u> , 19 <u>53</u> , to <u>Nov 15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Nov 14</u> , 19 <u>56</u> , and that death occurred at <u>7:00 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William L. Fair, M.D.</u>				23b. ADDRESS <u>Chillicothe, MO</u>		23c. DATE SIGNED <u>11/15/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/15/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moersville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moersville, MO</u>		
DATE REC'D BY LOCAL REG. <u>11/15/56</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Fair</u>		ADDRESS <u>Breckridge, MO</u>		

(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 _____

Erwin L. Fowler

Licensed Embalmer No. _____

4924

P. O. Address _____

Polo, Mo.

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.