

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9528

STATE FILE NUMBER

FILED MAR 18 1957

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Maryville 07428</b>		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>enroute to Hospital</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>221 West 4th</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>FRANCIS</b> Last <b>FAY, D. O.</b>				4. DATE OF DEATH Month <b>3</b> Day <b>10</b> Year <b>57</b>				
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>10/12/86</b>	9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Osteopath-retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>John Fay</b>				14. MOTHER'S MAIDEN NAME <b>Ann Elizabeth Moore</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>			16. SOCIAL SECURITY NO. <b>491-28-7284</b>	17. INFORMANT <b>Mrs. Garth Espey, Maryville, Mo.</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>Coronary Occlusion</b>							INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>	
MEDICAL CERTIFICATION	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Coronary occlusion bypassed.</b>	DUE TO (c) <b>not fully removed.</b>					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>4201</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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 Month, Day, Year a. m. p. m.								
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 <b>Aug 1956</b> to <b>Mar. 10, 1957</b> and last saw her <sup>her</sup> <del>alive</del> <sup>alive</sup> on <b>4/29/57</b> Death occurred at <b>3:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>[Signature]</b> (Degree or title) <b>M. D.</b>				22b. ADDRESS <b>Maryville, Mo.</b>		22c. DATE SIGNED <b>3/12/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>3/13/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Center Grove</b>		23d. LOCATION (City, town, or county) (State) <b>Westboro, Mo.</b>				
24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo.</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>3-16-57</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>		

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare  
Public  
Service

S. 300  
V. 1-56

securing the medical certificate in the same manner required by 193.140, R.S.Mo. 1942.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2290

MAR 5 1957

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 *Curtis H. Hensley*.....

Licensed Embalmer No. *4936*

P. O. Address *Marquette*

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.