

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **13872**

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 7 days	c. CITY OR TOWN Chillicothe		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 Chillicothe hospital			STREET ADDRESS (If rural, give location) 501 1/2 Locust 0592		

3. NAME OF DECEASED (Type or Print) a. (First) Olive b. (Middle) R. c. (Last) Fay			4. DATE OF DEATH (Month) (Day) (Year) April 8, 1957		
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5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 21, 1980	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10b. KIND OF BUSINESS OR INDUSTRY Ministry	11. BIRTHPLACE (City and State or Foreign Country) Joplin, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Oliver Rusk		13b. MOTHER'S MAIDEN NAME Mary Hays		14. NAME OF HUSBAND OR WIFE Frank C. Fay (dec)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis Fay, Clay Center, Kans.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) My pertension DUE TO (c) _____ OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			INTERVAL BETWEEN ONSET AND DEATH 3 days + 10 JRE
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION arteriosclerosis, diabetes m.		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)	
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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?
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22. I hereby certify that I attended the deceased from 1947 to 1957, that I last saw the deceased alive on 2 April 1957, and that death occurred at 9:45A m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR Charles M. Grace, M.D. (Degree or title)		23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 9/2/1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE April 11, 1957	24c. NAME OF CEMETERY OR CREMATORY Edgewood cemetery	24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.	
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DATE REC'D BY LOCAL REG. 4/11/57	REGISTRAR'S SIGNATURE Frances B Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald Gordon, Chillicothe, Mo.		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Grace

171

MAY 2 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 *Richard W. Randall*.....

Licensed Embalmer No. *4866*

P. O. Address *Chillicothe*

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.