

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

58-035873

State File No.

FILED OCT 27 1958

BIRTH NO. _____

REG. DIST. NO. 82PRIMARY REG. DIST. NO. 3017Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <u>COOPER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BOONVILLE</u>		c. LENGTH OF STAY (In this place) <u>11 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STOVER</u>		d. STREET ADDRESS (If rural, give location) <u>3RD. MAIN 0710</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSP</u>					
3. NAME OF DECEASED a. (First) <u>OTTO</u> (Type or Print)			b. (Middle) <u>J. FAJEN</u>		c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 23 1958</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>NOV. 24 1881</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>29</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LUMBER YARD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETAIL LUMBER</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN FAJEN</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA HOLSTEN</u>		14. NAME OF HUSBAND OR WIFE <u>LENA FAJEN</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>445-01-7629</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LENA FAJEN</u>		ADDRESS <u>STOVER MO.</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 arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gen. arteriosclerosis</u> DUE TO (c) <u>fracture of hip</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>334XF</u>		20. AUTOPSY? <u>I</u> 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) _____		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>Oct 13, 1958</u> , to <u>Oct 23, 1958</u> , that I last saw the deceased alive on <u>Oct 23, 1958</u> , and that death occurred at <u>11:05 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>329 Main Street, Boonville Mo. William A. Weber, M.D.</u>			23b. ADDRESS <u>Stover Mo.</u>		23c. DATE SIGNED <u>11-25-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 26 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>STOVER CEMETERY</u>		24d. LOCATION (City, town, or township) (State) <u>STOVER MO.</u>	
DATE REC'D BY LOCAL REG. <u>10/25/58</u>		REGISTRAR'S SIGNATURE <u>D. Hooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Swinman</u>	
				ADDRESS <u>Stover Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

850. U & AON

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

J. T. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stover 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.