

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040313

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 499

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rest Haven		Length of stay in 1b 40 yrs	d. STREET ADDRESS (If outside, give location) 1818 So. Leslie		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last J. Glenn Fairbanks			4. DATE OF DEATH Month Day Year Nov. 25-1958		
5. SEX Male	6. COLOR OF RACE Cauc	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May-31-1893	9. AGE (in years last birthday) 65 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer		10b. KIND OF BUSINESS OR INDUSTRY Furniture	11. BIRTHPLACE (City and state or country) Savannah, Illinois	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Fairbanks		13b. MOTHER'S MAIDEN NAME Allie Coy		14. NAME OF HUSBAND OR WIFE Vera H. Fairbanks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-05-7719	17. INFORMANT Address Vera H. Fairbanks Indep. Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) cerebral arteriosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 4 days Yes
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.) 331X			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 1943 to 11-25-58 and last saw him alive on 11/25/58 Death occurred at 12:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Vance E. Link (Degree or title) Drs. Grabske & Link			22b. ADDRESS 10901 Winner, Independence, Mo.		22c. DATE SIGNED 11-28-58
23. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 28-58	23a. NAME OF CEMETERY OR CREMATORY Mae and Gene		23d. LOCATION (City, town, or county) (State) Independence Mo	
24. FUNERAL DIRECTOR Boland P. Speck Indep. Mo		ADDRESS 11-28-58	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE James R. Case	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Roland R. Sparks*

Licensed Embalmer No. *3604*

P. O. Address *Gurley, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.