

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024695

X FILED VS AUG 6 1959

Registration District No. 111 Primary Registration District No. 5426 Registrar's No. 23

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Robertsville, Missouri		Length of stay in 1b		c. CITY OR TOWN U.S. Niki Plant		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 mile <sup>s</sup> west			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) South of Pacific, Missouri		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MARVIN W. FAIRCLOTH				4. DATE OF DEATH Month Day Year August 1 1959					
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 3/19/32	9. AGE (last birthday) 27	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mess Sergeant			10b. KIND OF BUSINESS OR INDUSTRY U.S. Army		11. BIRTHPLACE (City and state or country) Donaldson, Georgia		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Andrew Y. Faircloth			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Serial #RA14337879			16. SOCIAL SECURITY NO. 031-28-5925		17. INFORMANT Address Lieut. James S. Cronen				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (a) Multiple fractures of left rib cage with emphysema					Interval		
		DUE TO (b) A chest wall and laceration of lung and also multiple head injuries							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) lung and also multiple head injuries							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) subject drove auto which struck						
20c. TIME OF INJURY 8:30 p.m.	Hour Month, Day, Year 8/1/59		end of bridge railing.						
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.) One mile west		20f. CITY, TOWN, OR LOCATION Robertsville		COUNTY Franklin		STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Dr. J. S. Cronen				22b. ADDRESS Donaldson, Georgia				22c. DATE SIGNED 8/1/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Aug. 4, 59		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY Pacific		23d. LOCATION (City, town, or county) Donaldsonville, Georgia		23e. STATE (State)	
24. FUNERAL DIRECTOR Mrs. John L. Tribes			25. DATE RECD. BY LOCAL REG. Aug. 4 - 1959		26. REGISTRAR'S SIGNATURE Mary B. Cronen				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 14 1959

AUG 18 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

or by \_\_\_\_\_, \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph Oltman

Licensed Embalmer No. 480

P. O. Address Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.