

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020908

FILED VS JUN 15 1960

318 Primary Registration District No. 1003 Registrar's No. 5896

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI				Length of stay in 1b		c. CITY OR TOWN Sturgeon			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)			
3. NAME OF DECEASED (Type or print) First Middle Last FRED R. FAUROTE				4. DATE OF DEATH Month Day Year JUNE 8 1960					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/14/1889			
9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Iroquois, Ill.		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME John Faurote			13b. MOTHER'S MAIDEN NAME Mary Unknown			14. NAME OF HUSBAND OR WIFE Alma			
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. Unknown		17. INFORMANT Address Alma Faurote, Sturgeon, 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) CARDIAC ARRHYTHMIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RHEUMATIC HEART DISEASE DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 2 DAYS 55 YEARS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 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 JUNE 5, 1960 to JUNE 8, 1960 and last saw her/him alive on JUNE 8, 1960. Death occurred at 9:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (In degree or title) C. D. Vermillion, M.D.				22b. ADDRESS BARNES HOSPITAL				22c. DATE SIGNED 6/8/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-8-60		23c. NAME OF CEMETERY OR CREMATORY Centralia, Mo.		23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR ADDRESS Meador Funeral Home, Centralia, Mo.				25. DATE RECD. BY LOCAL REG. JUN 8 1960		26. REGISTRAR'S SIGNATURE Karl Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 15 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Pier E. Meador*

Licensed Embalmer No. 4876

P. O. Address Ontario, N.Y.

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.