

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-026589**

**FILED VS. JUL 19 1960**

132

Primary Registration District No. 3021

Registrar's No. 116

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Grundy</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Grundy</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Trenton</b>		Length of stay in 1b <b>56 years</b>		c. CITY OR TOWN <b>Trenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1096 Crowder East Crowder Nursing Home</b>				d. STREET ADDRESS (If outside, give location) <b>1015 Merrill St</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>HALLIE</b> Middle <b>B</b> Last <b>FAIR</b>			4. DATE OF DEATH Month <b>July</b> Day <b>8</b> Year <b>1960</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/13/1877</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and state or country) <b>Grundy Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA.</b>	
13a. FATHER'S NAME <b>Jesse BAIN</b>			13b. MOTHER'S MAIDEN NAME <b>MARY ROCK</b>		14. NAME OF HUSBAND OR WIFE <b>deceased.</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Helen Fair Fordyce Trenton, Mo.</b> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardio-Vascular-Renal Disease</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
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"/> N. <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 _____ a.m. _____ p.m.		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>July 1st 1958</b> to <b>July 8th 1960</b> and last saw her/him alive on <b>July 2nd 1960</b> Death occurred at _____ m of the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Oliver F. Duffey M.D.</b> (Degree or title)			22b. ADDRESS <b>Trenton Mo</b>		22c. DATE SIGNED <b>July 12th</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-10-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>A.F. &amp; A.M. Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Trenton, Mo.</b>	
24. FUNERAL DIRECTOR <b>Gordon Blackmar Trenton, Mo.</b> ADDRESS <b>Dr Duffey.</b>			25. DATE RECD. BY LOCAL REG. <b>7/18/60</b>		26. REGISTRAR'S SIGNATURE <b>Dorene Saw</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 20 1960

**STATEMENT BY LICENSED EMBALMER**

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 Claude H. Clondal

Licensed Embalmer No. 4286

P. O. Address Winton,

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.