

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002614

FILED VS JAN 26 1961

Registration District No. 294 Primary Registration District No. 3006 Registrar's No. 3

STATE FILE NUMBER

AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Randolph									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly			Length of stay in 1b 40 yrs.		c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 603 Fort Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First George Middle Depp Last Fairchild						4. DATE OF DEATH Month 1 Day 6 Year 61							
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 2/7/95		9. AGE (last birthday) 65		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) auto radiator repair				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Auburn, California		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME William David Fairchild				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Margaret Fairchild					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I				16. SOCIAL SECURITY NO.		17. INFORMANT Address David Fairchild Des Moines, Ia.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH					
IMMEDIATE CAUSE (a) Medulary failure								6 hours					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterioscleritic heartdisease								Unknown					
DUE TO (c) Chronic bronchitis gas W. W. I								1917					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholecystecomy 1-4-61								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 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 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 12-13-60 to 1-6-61 and last saw him alive on 1-6-61 Death occurred at 5:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Benji S. Jolly DO				22b. ADDRESS 203 1/2 N. Clark St. Moberly, Mo.				22c. DATE SIGNED 1-9-61					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/9/61		23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant		23d. LOCATION (City, town, or county) (State) New Franklin, Missouri							
24. FUNERAL DIRECTOR Marion E. Million				ADDRESS Moberly, Mo.		25. DATE RECD. BY LOCAL REG. 1-9-61		26. REGISTRAR'S SIGNATURE Pealverlowe					

W011

VS JAN 2 1961

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

Marion E. Million

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.