

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-037813

STATE FILE NUMBER

Registration District No. 234 Primary Registration District No. _____ Registrar's No. _____

AMENDED

FILED NOV 7 1961

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stover</u>	Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>Stover</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Stover</u>		d. STREET ADDRESS (If outside, give location) <u>Stover</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>John</u> Last <u>Fajen</u>			4. DATE OF DEATH Month <u>October</u> Day <u>28</u> Year <u>1961</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 5, 1895</u>	9. AGE (last birthday) <u>66</u>	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) <u>Manufacturer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gun Stocks</u>	11. BIRTHPLACE (City and state or country) <u>Blackburn, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Louis Fajen</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie BRANDT</u>		14. NAME OF HUSBAND OR WIFE <u>NORA FAJEN</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	17. INFORMANT <u>NORA FAJEN Stover, Mo.</u>
---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Margine Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>15 years</u>
DUE TO (c) _____		

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 _____ 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 <u>Stover, Mo.</u>	COUNTY _____ STATE _____
---	--	--	--------------------------

21. I attended the deceased from July 59 to Present and last saw her/him alive on 10-28-61
Death occurred at 8:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ruth Kaufman, mo</u>	(Degree or title)	22b. ADDRESS <u>Jessalles, Mo.</u>	22c. DATE SIGNED <u>Oct 30 1961</u>
---	-------------------	---------------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 30, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. PAULS Cemetery</u>	23d. LOCATION (City, town, or county) <u>Stover, Mo.</u>	(State) _____
--	-----------------------------------	---	---	---------------

24. FUNERAL DIRECTOR <u>Scrivner-Stevens</u>	ADDRESS <u>Stover, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 3 1961</u>	26. REGISTRAR'S SIGNATURE <u>Wm. L. Ripberger</u>
---	-------------------------------	--	--

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

DEC 7 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

James R. Scovani

Licensed Embalmer No. 4880

P. O. Address Verona, 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.