

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

79
=63-020885
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 79

FILED JUN 10 1963

VS 300
Rev. 4/59.

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY Newton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Length of stay in 1b	c. CITY OR TOWN Neosho		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 113 N. College			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 113 N. College		
3. NAME OF DECEASED (Type or print) Marion Jasper Fairman			First	Middle	Last	
4. DATE OF DEATH May 28, 1963			Month	Day	Year	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/2/1869	9. AGE (last birthday) 93	10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) Farmer (ret)		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Aledo, Ohio	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Francis Fairman			13b. MOTHER'S MAIDEN NAME Henrietta		14. NAME OF HUSBAND OR WIFE MARY H. ROCHER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of:) NO.			16. SOCIAL SECURITY NO.		17. INFORMANT Frank B. Fairman, Neosho, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Benign Prostatic Hypertrophy with Cystitis 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 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 5:10 PM 6/3 to 28 May 1963 and last saw him alive on 28 May 1963 Death occurred at Home m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Paul B. Anderson M.D. (Degree or title)			22b. ADDRESS 113 W. Hickory, Neosho, Mo		22c. DATE SIGNED 7 June 63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-28-63	23c. NAME OF CEMETERY OR CREMATORY Bentonville Cemetery Bentonville Ark.		23d. LOCATION (City, town, or county) (state)		
24. FUNERAL DIRECTOR Burns Funeral Home		ADDRESS	25. DATE RECD. BY LOCAL REG. 6-7-63	26. REGISTRAR'S SIGNATURE Audene Belka		

USE BLACK INK OR TYPEWRITER RIBBON

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 Bob Quina

Licensed Embalmer No. ark 1075

P. O. Address Bentonville, ark.

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.