

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028293

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4188

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 14 1963

VS 300
Rev. 4/59

DATE AMENDED

1

2 3878

3

4 0

5 1

6

7 0

8 1

9 4200

10

11

12 66-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>66 years</u>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1165 East 66th St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>HUBERT MILES FAYMAN</u>		4. DATE OF DEATH Month Day Year <u>July 23 1963</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>8-6-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. Mechanic Equip. KKK Mo.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Traffic Dept.</u>	11. BIRTHPLACE (City and state or country) <u>Westboro, Missouri</u>
13a. FATHER'S NAME <u>Joseph Fayman</u>		13b. MOTHER'S MAIDEN NAME <u>MACKOY</u>	14. NAME OF HUSBAND OR WIFE <u>Edith J. Fayman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War I</u>		17. INFORMANT <u>Edith J. Fayman, 1165 E. 66th St. Kansas City, Mo.</u>	
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) <u>Ventricular fibrillation</u>			<u>minutes.</u>
DUE TO (b) <u>Arteriosclerotic heart disease</u>			
DUE TO (c) <u>hypertensive heart disease</u>			<u>1 year.</u>
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 checked="" 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 <u>January 1950</u> to <u>July 23, 1963</u> and last saw ^{them} <u>him</u> alive on <u>July 23, 1963</u> . Death occurred at <u>5:10 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Arnold S. Arns M.D.</u>		22b. ADDRESS <u>4320 Worrell K.C. Mo</u>	22c. DATE SIGNED <u>7-24-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 26, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
24. FUNERAL DIRECTOR <u>O.H. Newcomer, Sons, Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-26-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

