

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002526

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

FILED ³⁸³ JAN 17 1962 Primary Registration District No. 5655 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MOUNT VERNON, MO		Length of stay in 1b 25 months	c. CITY OR TOWN DESLOGE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MISSOURI State Sanatorium.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 115 N 3rd.
3. NAME OF DECEASED (Type or print) First GEORGE Middle WEATHERS Last FABER			4. DATE OF DEATH Month JANUARY Day 14 Year 1962
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 10.28.1901
9. AGE (last birthday) 60		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)		10b. KIND OF BUSINESS OR INDUSTRY STORE ROOM CLERK	11. BIRTHPLACE (City and state or country) DESLOGE, MO
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME GEORGE FABER	
13b. MOTHER'S MAIDEN NAME LIZZE WILLIAMS		14. NAME OF HUSBAND OR WIFE GENEVA FABER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 490-03-2856	17. INFORMANT DR. VERNON LANGELITIG
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARD INFARCTION		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC Heart disease			
DUE TO (c) Heart failure			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY TUBERCULOSIS FAR ADVANCED		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 _____ s.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 1.26.1960 to 1.14.1962 and last saw him alive on 1.14.1962 . Death occurred at 1.14.1962 - 2:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Vernon Langelitig, M.D.		22b. ADDRESS	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-15-62	23c. NAME OF CEMETERY OR CREMATORY Park View Cemetery	23d. LOCATION (City, town, or county) (State) Desloge Mo.
24. FUNERAL DIRECTOR Boyer F. Howe	ADDRESS Desloge, Mo.	25. DATE RECD. BY LOCAL REG. 1-15-62	26. REGISTRAR'S SIGNATURE Ray Wayne

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

JAN 19 1962

01

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address McHenry, Ill.

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.