

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 142

VS 300
Rev. 1/70

- DO NOT WRITE ON THIS STUB
- 9. 1
- 10a. 82
- 10b.
- 11. 1
- 12. 2
- 13. 4109
- 14.
- 15. 4
- 16.
- 17.
- 18. 0
- 19. CREDITS
- 20. 1-0

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>LILLIE L. FISCHBECK</u>		<u>FEMALE</u>	<u>MARCH 20, 1970</u>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—(LAST BIRTHDAY) YEARS	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
4. <u>0945</u> <u>WHITE</u>	<u>82</u>	UNDER 1 DAY	<u>6/29/1887</u>
CITY, TOWN, OR LOCATION OF DEATH		COUNTY OF DEATH	
<u>FARMINGTON</u>		<u>ST. FRANCOIS</u>	
INSIDE CITY LIMITS SPECIFY YES OR NO		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7. <u>YES</u>		<u>FARMINGTON COMMUNITY HOSPITAL</u>	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>COLORADO</u>	9. <u>USA</u>	10. <u>WIDOWED</u>	11.
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
	13. <u>HOUSEWIFE</u>	13b. <u>NONE</u>	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14. <u>Mo.</u>	<u>St. FRANCOIS</u>	<u>FARMINGTON</u>	<u>309 HILLSBORO RD.</u>
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. <u>WILLIAM H. BLANTON</u>		16. <u>ANNIE - LANPHER</u>	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17. <u>MRS. JIM HORTON</u>		17b. <u>309 HILLSBORO RD. FARMINGTON, Mo.</u>	
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) <u>Acute Myocardial Infarct</u>			<u>5 DAYS.</u>
(b) <u>Generalized Arteriosclerosis</u>			
(c)			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
<u>Cerebral Thrombosis - 2 wks</u>			19. <u>NO</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
20a.	20b.	20c.	19b.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20a.	20f.	20g.	20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.
CERTIFICATION—PHYSICIAN: I ATTENDED FROM	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON
21a. DECEASED FROM	<u>2-10-56</u>	TO <u>3-20-70</u>	MONTH DAY YEAR
			21c. <u>3-20-70</u>
			I DID/DID NOT VIEW THE BODY AFTER DEATH.
			21a. <u>DIS</u>
			DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
			21b. <u>11:20 AM</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD
22a.		MONTH DAY YEAR	MONTH DAY YEAR
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE
22b. <u>E CARLSTON, M.D.</u>		22c. <u>E. E. Carlston</u>	<u>MD</u>
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE ZIP
22d. <u>FARMINGTON, MO</u>			22e. <u>3-21-70</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
23a. <u>BURIAL</u>	23b. <u>MASONIC</u>	23c. <u>FREDERICKTOWN</u>	<u>Mo.</u>
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24. <u>MARCH 22/1970</u>	24a. <u>COZEAN FUNERAL HOME FARMINGTON Mo. 63640</u>		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25b. <u>C. H. Cozean</u>	25a. <u>Ethel Matthews</u>	25c. <u>mar. 21, 1970</u>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

MAR 26 1970

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 _____

Licensed Embalmer No. 4084
P. O. Address. Farrington 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.