

No. 300
10. 48

FILED JAN 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41759

BIRTH NO. _____ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4335 ~~2797~~ Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tipton	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0680	

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) THEODORE c. (Last) FAHERTY			4. DATE OF DEATH (Month) (Day) (Year) DEC. 19, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 5, 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Days 9 Hours 14 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ruma, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES E. FAHERTY		13b. MOTHER'S MAIDEN NAME HELENA O'HARA		14. NAME OF HUSBAND OR WIFE ROSE MARY FAHERTY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 457-34-4977		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROSE MARY FAHERTY Tipton, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Deficiency			INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar pneumonia			
		DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 490 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12/12**, 19**54**, to **12/19**, 19**54**, that I last saw the deceased alive on **12/19**, 19**54**, and that death occurred at **10:22** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. J. Potts M.D.		23b. ADDRESS Tipton, Mo.		23c. DATE SIGNED 12-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 21, 1954		24c. NAME OF CEMETERY OR CREMATORY ST. ANDREWS CEMETERY	
				24d. LOCATION (City, town, or county) (State) Tipton, Missouri	

DATE REC'D BY LOCAL REG. Dec. 24, 1954		REGISTRAR'S SIGNATURE Mrs. Maude Hudson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richard D. Conner - Funeral Home - Tipton	
-----------------------------------------------	--	------------------------------------------------	--	-------------------------------------------------------------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

680
1

JAN 6
1955

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.

Signed..... *Richard D. Conn*

Signed.....
Student Embalmer

Licensed Embalmer No. *4703*

P. O. Address..... *Jupton, 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 this body is not embalmed, fact should be so stated above.