

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37287

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 153

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1120 Miller St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 19 das. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")

(d) Street No. 1120 Miller (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OLEN Ray Faubien

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1948 hour 12 minute 30 P.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased: November 3 1947
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Nov 19, 1948 to Nov 22, 1948
that I last saw him alive on Nov 22, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months _____ Days 19 If less than one day
hr. _____ min. 5

Immediate cause of death Croupous Varicella Duration 1 Week

Due to _____

Due to _____

9. Birthplace Chillicothe (City, town, or county) (State or foreign country) _____

10. Usual occupation Infant

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

12. Name Eldon Olen Faubien

13. Birthplace Chillicothe, Mo. (City, town, or county) (State or foreign country) _____

14. Maiden name Dixie Leona Faubien

15. Birthplace Chillicothe, Mo. (City, town, or county) (State or foreign country) _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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16. (a) Informant Eldon Faubien
(b) Address Chillicothe, Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof November 24 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling, Cemetery

18. (a) Signature of funeral director: Norman Funeral Home
(b) Address 434 Locu st Chillicothe, Mo.

19. (a) Nov-23-48 (b) Francis B Neill
(Date received local Registrar) (Registrar's signature)

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e), Means of injury _____

23. Signature W. Faust (M.D. or other) _____
Address Chillicothe, Mo Date signed 11-22-48

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

MOTHER FATHER

DISTRICT HEALTH OFFICER
Cameron, Mo.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Elton Norman*.....

Licensed Embalmer No. 4036.....

P. O. Address. *Chullisth, 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.