

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4037**  
Registrar's No. **29**

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

BIRTH NO. _____		REG. DIST. NO. <b>43</b>		PRIMARY REG. DIST. NO. <b>4058</b>		Registrar's No. <b>29</b>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Mo.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Harviell</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Harviell</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>			b. (Middle) <b>Pinkney</b>			c. (Last) <b>Faith</b>	
4. DATE OF DEATH <b>Feb. 11, 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 5, 1870</b>		9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (State or foreign country) <b>Pike Co., Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>John Faith</b>		13b. MOTHER'S MAIDEN NAME <b>Froaa Corn</b>		14. NAME OF HUSBAND OR WIFE <b>Rosa Faith</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Richard Faith</b> ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal pneumonia superimposed from chronic bronchitis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>19 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>15 Mar, 1949</b> , to <b>11 Feb, 1950</b> that I last saw the deceased alive on <b>15 Mar, 1950</b> , and that death occurred at <b>4 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Conrad R. Port, M.D.</b> (Degree or title)				23b. ADDRESS <b>Butler, Mo.</b>		23c. DATE SIGNED <b>13 Feb 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 14, 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kinsey</b>		24d. LOCATION (City, town, or county) (State) <b>Butler County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb 16-1950</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>428</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gish Funeral Home</b> ADDRESS <b>Naylor, Mo.</b>			

FEB 20 1992

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BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

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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 \_\_\_\_\_  
Student Embalmer

Signed Suzanne McCord \_\_\_\_\_

Licensed Embalmer No. 4079 \_\_\_\_\_

P. O. Address Naylor, 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.