

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9532

LED APR 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6042 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oxly,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oxly</u>	
c. LENGTH OF STAY (In this place) <u>44 years</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) <u>William Wesley Faucett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-23-1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-3-1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Days <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>John W. Faucett</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Venable</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Faucett</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>                    </u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norman Faucett Chicago, Ill.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure &amp; decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo</u> <u>3 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) _____		
II. 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 <u>443 X</u>	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)	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 Jan 1949, to 3/23, 1952, that I last saw the deceased alive on 3/23, 1952, and that death occurred at 6:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank Johnson M.D.</u>	23b. ADDRESS <u>Doniphan Mo</u>	23c. DATE SIGNED <u>3/27/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Oxly Mo.</u>		

DATE REC'D BY LOCAL REG. <u>3-27-52</u>	REGISTRAR'S SIGNATURE <u>Ed Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Black-Edwards Funeral Home Doniphan, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 21 1952

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.....

*George A. Kerley*

Licensed Embalmer No. 4752

P. O. Address Doniphan, 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.