

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9365

State File No.

BIRTH NO. **FILED MAR 17 1954** REG. DIST. NO. **201** PRIMARY REG. DIST. NO. **4314** Registrar's No.

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

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) William H. (IO) Faught			4. DATE OF DEATH (Month) (Day) (Year) February 22, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 3, 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Macon County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Faught	13b. MOTHER'S MAIDEN NAME Matilda Wiggans	14. NAME OF HUSBAND OR WIFE Ida Faught
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida Faught, Atlanta, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 22 Cal. Rifle bullet self inflicted Inst. <i>Bullet entered temple.</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suicide DUE TO (c) Despondency over ill health		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976 X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Atlanta Macon Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) February 22, 1954	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self inflicted 22 cal. bullet
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:00P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lester Hutton 3 Coroner	23b. ADDRESS Macon, Missouri	23c. DATE SIGNED 2/22/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery	24d. LOCATION (City, town, or county) (State) Macon, Macon Co., Mo.
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DATE REC'D BY LOCAL REG. Feb 24 1954	REGISTRAR'S SIGNATURE Mrs. O. J. Gifford	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. M. Gooding, Atlanta Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
610

(2)

RECEIVED 3.10.54
MACON COUNTY HEALTH DEPARTMENT
County File No. 3.54.32
Date Filed 2.12.54

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 HW Gooding

Licensed Embalmer No. 1750

P. O. Address Atlanta, Missouri

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.