

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30387**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **5943** Registrar's No. **180**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: resident before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Butler</b>	
b. CITY (or outside of corporate limits, write RURAL and give township) <b>Rural Spring Creek</b>		c. LENGTH OF STAY (in this place) <b>5 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN <b>Leon</b>	
		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>8156</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Emma</b> b. (Middle) <b>Marie</b> c. (Last) <b>Faust</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 19, 1955</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>w</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>June 9, 1899</b>		9. AGE (In years last birthday) <b>56</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Matron of Board School</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Cherokee Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Marion Leeds</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Smith</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>?</b>	

17. INFORMANT'S SIGNATURE OR NAME **Madame Ferguson** ADDRESS **Van Buren**

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		INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pulmonary + cardiac arrest</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>cachexia + debilitation</b> DUE TO (c) <b>carcinomas due to cancer of the uterus</b>		
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	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)
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 **July, 1955** to **Sept 19, 1955**, that I last saw the deceased alive on **Sept 19, 1955**, and that death occurred at **12:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B. J. Myers D.O.</b>	23b. ADDRESS <b>Licking, Mo.</b>	23c. DATE SIGNED <b>9-20-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-21-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Edgar Springs Cem.</b>
24d. LOCATION (City, town, or county) (State) <b>Edgar Springs Mo</b>	25. GENERAL DIRECTOR'S SIGNATURE (ADDRESS) <b>Smith Ferguson Licking Mo</b>	
DATE REC'D BY LOCAL REG. <b>Sept 20, 1955</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 227

Date Filed SEP 28 1959

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.....  
Signature of Student Embalmer

Signed Eubert E Ferguson

Licensed Embalmer No. 39

P. O. Address Licking

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.