

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34505

FILED OCT 16 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 200

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY OR TOWN <b>Carthage</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>15 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>1500 Robertson St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune-Brooks hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FERNIE</b>	b. (Middle) <b>MAE</b>	c. (Last) <b>FAUCETT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 29, 1956</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb 6, 1892</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	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) <b>retired cook at McCune-Brooks hosp.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence County, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Felix Goodin</b>	13b. MOTHER'S MAIDEN NAME <b>Lizzie Jefford</b>	14. NAME OF HUSBAND OR WIFE <b>William H. Faucett</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>567-44-1172</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W.H. Faucett</b>	ADDRESS <b>1500 Robertson, Carthage</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute posterior myocardial infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Hypertensive cardiovascular disease</b>		

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Sept 13, 1956, to Sept. 29, 1956, that I last saw the deceased alive on Sept. 29, 1956, and that death occurred at 8:40a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard P. Cahle M.D.</b>	23b. ADDRESS <b>116 W. Third, Carthage, Mo.</b>	23c. DATE SIGNED <b>9-29-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Oct 1, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dudman Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jasper County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-30-56</b>	REGISTRAR'S SIGNATURE <b>Ely Clinton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Knell Mortuary</b>	ADDRESS <b>Carthage, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DeSoper County Health Office  
County File Number 56-10-791  
Date Filed Oct 13 1956

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 *D. L. Isbell*.....

Licensed Embalmer No. 497

P. O. Address *Corthage*.....

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.