

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1919**

FILED JAN 14 1957

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5691 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Linn County, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laclede R.F.D. Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>R.F.D. Laclede</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Charles</u>	b. (Middle) <u>Robert</u>	c. (Last) <u>Facto</u>	<u>1 1957</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>August 20, 1892</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 <u>Farmer</u>	9. AGE (In years last birthday) <u>64</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Edward Facto</u>		13b. MOTHER'S MAIDEN NAME <u>Elle Umble</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Orliva Facto</u>		14. NAME OF HUSBAND OR WIFE <u>Orliva Facto</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS <u>Laclede (RFD) Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Self inflicted gunshot</u>		<u>none</u>	
II. OTHER SIGNIFICANT CONDITIONS		ANTECEDENT CAUSES			
Conditions contributing to the death but not related to the disease or condition causing death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Linn Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 1-57 5:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>12 gauge shot gun</u>	

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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James B. McClintock</u>		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>1/1/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 4, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Laclede (Linn County) Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Brothers</u>		ADDRESS <u>Linn Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-5-57</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Brothers</u>	

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

1 67 0

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.....
Licensed Embalmer No. 200

P. O. Address

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.