

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32985
STATE FILE NUMBER

FILED OCT 14 1957

Registration District No. 280 Primary Registration District No. 4421 Registrar's No. 60

300
1-57

| | | | |
|---|---------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <i>Platte</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Platte</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Parkville</i> <i>Beau</i> | | c. CITY OR TOWN <i>Parkville</i> <i>Beau</i> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>at home</i> | | d. STREET ADDRESS (If outside, give location) <i>Hi-Way 45 Box 1362</i> | |
| Length of stay in lb <i>25 yrs</i> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED First Middle Last <i>David Dutzler Faubion</i> | | | 4. DATE OF DEATH Month Day Year <i>Sept 26 - 1957</i> |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>July 25 - 1876</i> |
| 9. AGE (In years last birthday) <i>81</i> | | 10. UNDER 1 YEAR Months Days | 11. UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Stocks & Grain</i> | 11. BIRTHPLACE (City and state or country) <i>Linden Mo.</i> |
| 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13a. FATHER'S NAME <i>James W Faubion</i> | | 13b. MOTHER'S MAIDEN NAME <i>Nancy Morgan</i> | |
| 14. NAME OF HUSBAND OR WIFE <i>Margaret Faubion</i> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no - unknown) (If yes, give war or dates of service) <i>no</i> | | 16. SOCIAL SECURITY NO. <i>486-03-5183</i> | |
| 17. INFORMANT Address <i>Margaret Faubion Parkville Mo</i> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebro vascular Accident</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> |
| Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> | | | <i>1 year</i> |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>331X</i> |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <i>1950</i> to <i>26 Sept 1957</i> and last saw <i>him</i> alive on <i>26 Sept 1957</i> . Death occurred at <i>3:00 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>D Dutzler MD</i> | | 22b. ADDRESS <i>1806 North Kan City, Mo</i> | |
| 22c. DATE SIGNED <i>9/28/57</i> | | | |
| 23a. BURIAL, CREMATION, OR OTHER DISPOSAL <i>Burial</i> | 23b. DATE <i>Sept. 28-57</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Lincoln</i> | 23d. LOCATION (City, town, or county) (State) <i>Parkville Mo</i> |
| 24. FUNERAL DIRECTOR ADDRESS <i>L H Francis Parkville</i> | | 25. DATE RECD. BY LOCAL REG. <i>Sept 28-57</i> | 26. REGISTRAR'S SIGNATURE <i>Alphia Rollins</i> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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, ~~and~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Leland H. Francis*

Licensed Embalmer No. *3451*
P. O. Address *Parkville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.