

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024721

STATE FILE NUMBER

FILED JUL 24 1958

Registration District No.

43

Primary Registration District No.

3007

Registrar's No.

454

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Poplar Bluff 0120</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Poplar Bluff hosp.</b>		Length of stay in lb <b>2 days</b>	d. STREET ADDRESS (If outside, give location) <b>Rfd. 4</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Reuben</b> Middle <b>NMI</b> Last <b>Faughn</b>			4. DATE OF DEATH Month <b>July</b> Day <b>9</b> Year <b>1958</b>		
---	--	--	---	--	--

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 7, 1881</b>	9. AGE (In years) <b>77</b> (birthday)	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
-----------------------	----------------------------------	---	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (retired)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (City and state or country) <b>Lamasco, Ky.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	---

13a. FATHER'S NAME <b>Harvey Faughn</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Davis</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Faughn</b>
--	--	---

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>X X X X X X X X</b>	17. INFORMANT <b>Bessie Faughn</b> Address <b>Poplar Bluff, Mo. R. 4</b>
--	---	---

18. CAUSE OF DEATH (Enter one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	<b>157X</b>
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.)
---	--

20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Poplar Bluff</b>	COUNTY <b>Butler</b>	STATE <b>Mo.</b>
---	--	---	-------------------------	---------------------

21. I attended the deceased from Death occurred at <b>May 30</b> , to <b>July 9, 1958</b> and last saw him alive on <b>July 9, 1958</b> from the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. (Signature) <b>[Signature]</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>321 Oak Poplar Bluff Mo</b>	22c. DATE SIGNED <b>July 17, 1958</b>
---	--	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7-11-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>
--	-----------------------------	--	---

24. FUNERAL DIRECTOR <b>Watkins &amp; Sons</b> ADDRESS <b>Dexter, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>7/19/58</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
--	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

JUL 21 1958  
BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 Mark W. Wothers

Licensed Embalmer No. 4717

P. O. Address Deerfield, 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.