URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-011944
STATE FILE NUMBER

FILED VS APR 5 1960

Registration District No. 251 Primary Registration District No. — Registrar's No. 75

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson Township — Length of stay in 1b: 3 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION James Simpson home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Conception Jct. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 miles northwest — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: FRANCES Middle: Last: FAUSTLIN
4. DATE OF DEATH Month: 3 Day: 28 Year: 60
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2/28/74
9. AGE (last birthday): 86
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Baden, Germany
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Lawrence Sauer
13b. MOTHER'S MAIDEN NAME: Theresa Zimmerer
14. NAME OF HUSBAND OR WIFE: Henry J. Faustlin, dec.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. James Simpson, Conception Jct. Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis of Coronary vessels ?
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Fractured left femur (intertrochanteric)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell in home
20c. TIME OF INJURY: 4 Hour a.m. p.m. Month, Day, Year: 2 9 60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: Conception Jct. COUNTY: Nodaway STATE: Mo.
21. I attended the deceased from 2/9/60 to 3/28/60 and last saw her alive on 3/13/60
Death occurred at 2:05 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: B. F. Bland (Degree or title): M. D.
22b. ADDRESS: Maryville, Missouri
22c. DATE SIGNED: 3-30-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/30/60
23c. NAME OF CEMETERY OR CREMATORY: Mount Olivet
23d. LOCATION (City, town, or county) (State): St. Joseph, Missouri
24. FUNERAL DIRECTOR ADDRESS: Price Funeral Home, Maryville, Mo.
25. DATE RECD. BY LOCAL REG.: 3-30-60
26. REGISTRAR'S SIGNATURE: Bess Holt

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Elmer M. Price

Signature of Student Embalmer

Licensed Embalmer No. 1822

P. O. Address Maryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.