

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 15 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 45

450  
3

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

1. PLACE OF DEATH a. COUNTY <u>Camden</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Camden</u>		
b. CITY OR TOWN <u>Linn Creek Rural Precinct</u>		c. CITY OR TOWN <u>Linn Creek - Rural Precinct</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #54 - 2 mi west</u>			d. STREET ADDRESS <u>RFD - Route</u>		

3. NAME OF DECEASED a. (First) <u>Winnie</u> b. (Middle) <u>Odel</u> c. (Last) <u>Faust</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5 1950</u>		
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5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>April 1943</u>		9. AGE (In years last birthday) <u>7</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>school</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>				11. BIRTHPLACE (State or foreign country) <u>Linn Creek Mo</u>				12. CITY AND COUNTY OF WHAT COUNTRY <u>Mo</u>			

13a. FATHER'S NAME <u>Charlie Faust</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Jeffort Faust</u>			14. NAME OF HIS MARRIAGE <u>Winnie Faust</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>us</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Wilson</u> ADDRESS <u>Linn Creek, Mo</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severance of head</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last: DUE TO (b) <u>from body except held by skin + muscles in back</u> DUE TO (c) <u>fract</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: <u>fract</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4.8 1/2</u>	
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19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>Auto + Truck head on</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., job, about home, farm, factory, street, other address) <u>Highway 54</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>1/2 mi West of Linn Creek</u> (COUNTY) <u>Camden, Mo.</u> (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 5 1950 3:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Head on collision of Auto + Truck</u>	
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22. I hereby certify that I attended the deceased from Dec 5, 1950, to Dec 5, 1950, that I last saw the deceased alive on Dec 5, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jobie Woolery Co. Coroner</u>		23b. ADDRESS <u>Camden, Mo.</u>		23c. DATE SIGNED <u>Dec 6-1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Myetta</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 7-1950</u>		REGISTRAR'S SIGNATURE <u>Zelpha Drow</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson Woolery</u> ADDRESS <u>Camden, Mo.</u>	
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12/4/80  
**RECEIVED**

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 12-18-80

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**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 -----  
Student Embalmer

Signed Abbie Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, Md

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 this body is not embalmed, fact should be so stated above.