

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11212

970

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

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 78		
1. PLACE OF DEATH a. COUNTY <b>Saline</b> b. CITY (If outside corporate limits, write RURAL and give town) <b>Marshall Township</b> TOWN <b>Shackelford, Mo.</b> c. LENGTH OF STAY (in this place) <b>11 yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>No Street Number</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b> c. CITY (If outside corporate limits, write RURAL and give township) OR RURAL TOWN <b>Shackelford, Marshall Twp.</b> d. STREET ADDRESS (If rural, give location) <b>No Street Number</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>-</b> c. (Last) <b>Fauth</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 7 51</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 1-1876</b>		
9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR <b>7</b> Days		IF UNDER 12 HRS. <b>6</b> Hours		MIN.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm Owner-Ret.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>			11. BIRTHPLACE (State or foreign country) <b>Jennings Co. Indiana</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>Anthony Fauth</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Solomon</b>		14. NAME OF HUSBAND OR WIFE <b>Huntie Knight Fauth</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John Fauth-Shackelford, Mo.</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocardial</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <b>8 Mos.</b>	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Arterial Sclerosis</b>					19b. MAJOR FINDINGS OF OPERATION <b>4221</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>Dec 1, 1950</b> , to <b>Apr 7, 1951</b> , that I last saw the deceased alive on <b>Apr 7, 1951</b> and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>W. H. ...</b>				23b. ADDRESS <b>Marshall, Mo.</b>		23c. DATE SIGNED <b>4/7/51</b>		
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <b>4/9/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ridge Park Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Marshall, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>April 7-1951</b>		REGISTRAR'S SIGNATURE <b>Sidney F Gray</b>		385		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Leslie ...</b>		

RECEIVED

APR 29 1951  
4-29-51

DISTRICT HEALTH OFFICE No.

District File Number

Date Filed 4-29-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *J. Leahy Surrery*  
Licensed Embalmer No. *3238*

P. O. Address *Marshall St*

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.