

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Superintendent of Health
Sandwich, Ill. 16366
State File No. 8888 Registrar's No. 24

BIRTH NO. _____		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>MO.</u> b. COUNTY <u>Howell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mountain View</u>		0460
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P. Chapel T.</u>			d. STREET ADDRESS (If rural, give location) <u>Wm. Wood P. # 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u>		b. (Middle) _____		c. (Last) <u>Faught</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 17-1951</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>		8. DATE OF BIRTH <u>Aug 16-1888</u>		9. AGE (In years last birthday) <u>62</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cromwell, Kentucky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George W Faught</u>		13b. MOTHER'S MAIDEN NAME <u>Seabay Annas</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Faught</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Herman Wallman</u>		ADDRESS <u>Council Bluffs, Ill</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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 <u>Mich</u> , 19 <u>51</u> , to <u>May 17, 1951</u> , that I last saw the deceased alive on <u>May 17, 1951</u> , and that death occurred at <u>6:55 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>L. Mitchell</u>		(Degree or title) _____		23b. ADDRESS <u>Mountain View mo</u>	
23c. DATE SIGNED <u>5-19-51</u>		24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE _____	
24c. NAME OF CEMETERY OR CREMATORY <u>Sandwich</u>		24d. LOCATION (City, town, or county) (State) <u>Sandwich, Ill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan funeral home mtn View, Ill</u>	
DATE REC'D BY LOCAL REG. <u>5-22-51</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>		ADDRESS _____	

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 26 1951

Dist. File 251-9199

Date Filed 5-26-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John J. Duncan
Licensed Embalmer No. 2516

P. O. Address St. Michael's

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.