

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

429

State File No. _____
Registrar's No. 5

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>0124</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>327 N. 12th St.</u> | | d. STREET ADDRESS (If rural, give location) <u>327 N. 12th St.</u> <u>8</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOHN</u> | b. (Middle) <u>LAWRENCE</u> | c. (Last) <u>FABER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>1/3/1953</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>Married</u> | 8. DATE OF BIRTH <u>8/26/1878</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 28 HRS. Hours _____ Mts. _____ |
|--------------------|-------------------------------|---|-----------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cabinet Maker</u> | 11. BIRTHPLACE (State or foreign country) <u>Meridian Twp. Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>George W. Faber</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Louise Gebke</u> | 14. NAME OF HUSBAND OR WIFE <u>Elizabeth Faber</u> |
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| 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. <u>497-01-3742A</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Faber Poplar Bluff, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>2 to 3 days</u> <u>Unknown</u> <u>Unknown</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis with decompensation</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic valvular heart disease</u> DUE TO (c) <u>arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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|---|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 1951, to 3 Jan, 1953, that I last saw the deceased alive on 3 Jan, 1953, and that death occurred at 2:40P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Cyril A. Post</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Poplar Bluff, Missouri</u> | 23c. DATE SIGNED <u>6 Jan 53</u> |
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|---|---------------------------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1/5/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Jan 12 1953</u> | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428-A</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Greer Croy & Fitch Poplar Bluff, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1124

RECEIVED
JAN 23 1953
BUTLER CO. HEALTH CENTER
FILE No. 153-36

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

Joseph R. Matlack

Signed.....

Student Embalmer

Licensed Embalmer No. 4874

P. O. Address *Spokane, Bluff, 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 this body is not embalmed, fact should be so stated above.