

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4866

State File No. ....

FILED MAR 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>278</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (If in this place) <u>11 1/2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Faucett</u>		0110 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>H.</u> c. (Last) <u>Faucett</u>			4. DATE OF DEATH <u>March 1, 1953</u>				
5. SEX <u>0</u> <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>September 18, 1865</u>		9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
			Months	Days	Hours	Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer &amp; stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Buchanan County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert H. Faucett</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Baker</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Elizabeth</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sarah Faucett, Faucett, Missouri</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EDEMA</u>  ANTECEDENT CAUSES DUE TO (b) <u>HEART FAILURE</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>MYOCARDIAL DISEASE</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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>2-16</u> , 19 <u>53</u> , to <u>3-1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 1</u> , 19 <u>53</u> , and that death occurred at <u>9:15</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert B. Brown M.D.</u>				23b. ADDRESS <u>2117 + S Bldg, St. Joseph, Mo</u>		23c. DATE SIGNED <u>2-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/3/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Faucett Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Faucett, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>March 5, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casati</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Bowman Funeral Home St. Joseph, Mo.</u>			

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

**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 James P. Hamline

Licensed Embalmer No. 4531

P. O. Address 319 South 10th St. Geo

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.