

STANDARD CERTIFICATE OF DEATH

5892

State File No.

560

FILED FEB 18 1953

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR Town Kansas City		c. LENGTH OF STAY (in this place) 10 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR Town Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4434 Washington				d. STREET ADDRESS 4434 Washington		(If rural, give location) 3698	
3. NAME OF DECEASED (Type or Print) MARY		a. (First) BELLE		c. (Last) FAUBLE		4. DATE OF DEATH (Month) (Day) (Year) 1 27 1953	
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH August 12, 1872		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Council Bluff Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Eugene Casey		13b. MOTHER'S MAIDEN NAME Jencine Jensen		14. NAME OF HUSBAND OR WIFE James W. Fauble			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Eugene Fauble(son) ADDRESS 4434 Washington, K.C.Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH July 51 153X					
19a. DATE OF OPERATION July 51		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Platteville, Mo. 1894			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 1-27-53 11:30 AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Blow to the Back			
22. I hereby certify that I attended the deceased from 10-31, 1952 to 1-27, 1953 , that I last saw the deceased alive on 1-27, 1953 and that death occurred at 11:30 AM , from the causes and on the date stated above.							
23a. SIGNATURE Edw. H. Thiessen MD (Degree or title)				23b. ADDRESS Platteville, Mo.		23c. DATE SIGNED 1-27-53	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 1/27/53		24c. NAME OF CEMETERY OR CREMATORY Columbus, Nebraska		24d. LOCATION (City, town, or county) (State) Columbus, Nebraska	
DATE REC'D BY LOCAL REG. 1-28-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL ADDRESS K.C.Mo/			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Hansen - 11 days June Baby.
Ls 5514
1-5pm.

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

Clayton K. Barnes

Licensed Embalmer No.

4793

P. O. Address

K. C. 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.