

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **20826**  
Registrar's No. **255**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

|  |  |   |   |
|--|--|---|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Butler</b>  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b> |  | c. CITY OR TOWN <b>Poplar Bluff</b>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <b>10 yr.</b>  |  | e. STREET ADDRESS (If rural, give location) <b>723 North 12th</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>                                  |  |   |   |

|   |                             |                      |                        |  |
|---|-----------------------------|----------------------|------------------------|--|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) | a. (First) <b>Elizabeth</b> | b. (Middle) <b>J</b> | c. (Last) <b>Faber</b> | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>6-19-53</b> |
|---|-----------------------------|----------------------|------------------------|--|

|                                |   |   |   |  |   |  |  |   |
|--------------------------------|---|---|---|--|---|--|--|---|
| <b>5. SEX</b><br><b>Female</b> | <b>6. COLOR OR RACE</b><br><b>White</b> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>Widowed</b> | <b>8. DATE OF BIRTH</b><br><b>July 11, 1880</b> | <b>9. AGE</b> (In years last birthday) <b>73</b> | <b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><b>Pacific, Mo.</b> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>USA</b> |
|--------------------------------|---|---|---|--|---|--|--|---|

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|--|---|--|
| <b>13a. FATHER'S NAME</b><br><b>William E. James</b> | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Jane Johns</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>John L. Faber</b> |
|--|---|--|

|  |                                |  |                |
|--|--------------------------------|--|----------------|
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | <b>16. SOCIAL SECURITY NO.</b> | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>George Faber, Poplar Bluff, Mo.</b> | <b>ADDRESS</b> |
|--|--------------------------------|--|----------------|

|  |  |  |   |
|--|--|--|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>   |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>2 days</b><br><b>1 1/2 yr</b><br><b>1 1/2 yr</b><br><b>1 1/2 yr</b> |
|  | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Suppurative pneumonia</b> |  |   |
|  | <b>ANTECEDENT CAUSES</b><br>DUE TO (b) <b>inert</b><br>DUE TO (c) <b>myocarditis</b>       |  |   |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Lower descending colon metastasis to pancreas</b>                                      |  |  |   |

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| <b>19a. DATE OF OPERATION</b>                          | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><b>Transverse descending colon metastasis to pancreas</b>             | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)        | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>                                     |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b><br><b>4222 H</b>   |

**22. I hereby certify that I attended the deceased from Feb 1952, to 19 June 1953, that I last saw the deceased alive on 17 June 1953, and that death occurred at 9:25 a.m., from the causes and on the date stated above.**

|  |                             |   |  |
|--|-----------------------------|---|--|
| <b>23a. SIGNATURE</b><br><i>Em. J. Ret</i> | (Degree or title) <b>MD</b> | <b>23b. ADDRESS</b><br><b>Poplar Bluff, Mo.</b> | <b>23c. DATE SIGNED</b><br><b>22 June 53</b> |
|--|-----------------------------|---|--|

|   |                                    |   |  |
|---|------------------------------------|---|--|
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b> | <b>24b. DATE</b><br><b>6-20-53</b> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>City Cemetery</b> | <b>24d. LOCATION (City, town, or county) (State)</b><br><b>Poplar Bluff, Mo.</b> |
|---|------------------------------------|---|--|

|   |  |  |   |
|---|--|--|---|
| <b>DATE REC'D BY LOCAL REG.</b><br><b>6/22/53</b> | <b>REGISTRAR'S SIGNATURE</b><br><i>W. Mitchell</i> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>Greer Croy &amp; Fitch</b> | <b>ADDRESS</b><br><b>Poplar Bluff Mo.</b> |
|---|--|--|---|

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

FILED JUL 2 - 1953

RECEIVED

6/29/53

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph R. Matto

Licensed Embalmer No. 48

P. O. Address Poplarville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.