

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

27873

State File No.

FILED AUG 19 1953

Registrar's No. **339**

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

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - JORDAN YARNER	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) North of Oxley, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Ann c. (Last) Faucett			4. DATE OF DEATH (Month) (Day) (Year) July 29, 1953		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 31, 1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____
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) Sebree, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Marion Cole		13b. MOTHER'S MAIDEN NAME Charlotte Taylor		14. NAME OF HUSBAND OR WIFE W. W. Faucett	
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 Ora Mae Dortis	
				ADDRESS Evansville, Ind.	

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acidosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabetes Mellitus 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260X	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) m.	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 7-24, 1953, to 7-29, 1953, that I last saw the deceased alive on 7-29, 1953, and that death occurred at 11 AM m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. W. Faucett, M.D.</i>	23b. ADDRESS Poplar Bluff, Mo	23c. DATE SIGNED 8-10-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 3-1953	24c. NAME OF CEMETERY OR CREMATORY Antioch Cemetery
		24d. LOCATION (City, town, or county) (State) Oxley, Missouri

DATE REC'D BY LOCAL REG. 8/13/53	REGISTRAR'S SIGNATURE <i>R. H. Mueller</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Black-Edwards</i>	ADDRESS Doniphan, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED
AUG 17 1953
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
Student Embalmer

Signed Gene Harshent

Licensed Embalmer No. 4809

P. O. Address Doniphan, 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.