

S. No. 300  
rv. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38109**

FILED NOV 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4327 Registrar's No. 27

1130

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

1. PLACE OF DEATH a. COUNTY <u>Worth</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>			
b. CITY OR TOWN <u>Grant City Mo</u>		c. LENGTH OF STAY (In this place) <u>15 yrs</u>	c. CITY OR TOWN <u>Grant City Mo</u>		1130	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>No street address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Wesley</u>	c. (Last) <u>Faubion</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 2 - 1953</u>		
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>April 2 - 1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Days <u>7</u> Hours <u>0</u> Min. <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Worth County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Smith Faubion</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Endicott</u>		14. NAME OF HUSBAND OR WIFE <u>Lou Faubion</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>Lou Faubion Grant City Mo</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>Intestinal Obstruction</u>  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 <u>Generalized Rheumatoid Arthritis, Paralysis Agitans</u>			INTERVAL BETWEEN ONSET AND DEATH <u>I M</u>  <u>8 yea</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		5705	
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)	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 _____, 19 <u>50</u> , to <u>November 2, 1953</u> , that I last saw the deceased alive on <u>Nov 1, 1953</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Frank S. Harrison MD</u>			23b. ADDRESS <u>Grant City, Mo</u>		23c. DATE SIGNED <u>11-7-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 4 - 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 13. 1953</u>	REGISTRAR'S SIGNATURE <u>Feta G. Dawson</u>	345	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John Anderson Grant City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*John Andrews*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John Andrews* .....

Licensed Embalmer No. *4211* .....

P. O. Address *Grant City 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.