

FILED SEP 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31218

State File No. ....

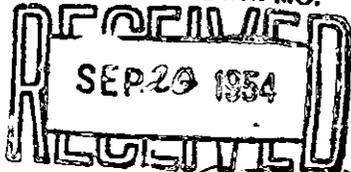
BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <b>Madison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fredericktown</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fredericktown</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>212 W. Marvin</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>212 W. Marvin</b>			
3. NAME OF DECEASED (Type or Print) <b>Hugh</b>		a. (First) <b>Fausett</b>	
		b. (Middle)	
		c. (Last)	
		4. DATE OF DEATH <b>Sept. 14, 1954</b>	
		(Month) (Day) (Year)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 23, 1888</b>	
9. AGE (In years last birthday) <b>66</b>		10. IF UNDER 1 YEAR Months <b>3</b> Days <b>21</b>	
11. BIRTHPLACE (State or foreign country) <b>Kenton, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Grocer</b>	
13a. FATHER'S NAME <b>William R. Fausett</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda Luna</b>	
14. NAME OF HUSBAND OR WIFE <b>Rachel Fausett</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY # <b>487-24-9189</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Rachel Fausett</b>		ADDRESS <b>Fredericktown, Mo.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic heart disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>9 yrs</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>July 22, 1954</b> , to <b>Sept 14, 1954</b> , that I last saw the deceased alive on <b>Sept 14, 1954</b> , and that death occurred at <b>4:45 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Charles E. Michaelis M.D.</b>		23b. ADDRESS <b>135.5 Minch La Motte, Fredericktown, Mo.</b>	
23c. DATE SIGNED <b>Sept 16, 54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/18/54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Marcus Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Madison County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-16-1954</b>		REGISTRAR'S SIGNATURE <b>Therence Hicks</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Najim Funeral Home</b>		ADDRESS <b>Fredericktown, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 937-24

SEP 27 1954

**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 Charles Mcarty

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.