

FILED JUN 19 1956

STANDARD CERTIFICATE OF DEATH

State File No. 22632

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 6273 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Worth Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Fletchall Township</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY OR TOWN <u>Grant City</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>north of Grant City Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>North of Grant City Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hulu</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Faubion</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May -23-1956</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>December-5-1876</u>	9. AGE (In years last birthday) <u>79</u>	If UNDER 1 YEAR: Months <u>5</u> Days <u>18</u>	If UNDER 12 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cedar Rapids Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Hendrickson</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Faurote</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Faubion</u>
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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 <u>J. G. Faubion</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		<u>4 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>4 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Cholecystitis</u>		<u>3 weeks</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1952, to May 23, 1956, that I last saw the deceased alive on May 23, 1956, and that death occurred at 1p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank B. Mattison MD</u>	23b. ADDRESS <u>Grant City, Mo</u>	23c. DATE SIGNED <u>5-24-56</u>
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24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <u>May 25-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grant City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grant City Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-12-1956</u>	REGISTRAR'S SIGNATURE <u>Lita E. Dawson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u>	ADDRESS <u>Grant City Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

11320

112

345

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 Andrew, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrew
Licensed Embalmer No. 421

P. O. Address Grant City

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.