

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7540

FILED MAR 25 1957

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 5066 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MISSOURI b. COUNTY BARTON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doyles Port		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN 0060		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION SHELDON RRI			Length of stay in lb 4 yrs		d. STREET ADDRESS (If outside, give location) 3 mi. S.E. Sheldon		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOHN WILLIAM MILLER FAUBION First Middle Last				4. DATE OF DEATH MARCH 18 1957 Month Day Year				
5. SEX MALE		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APRIL 11, 1871		
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 11 Days 7 Hours 7 Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		
11. BIRTHPLACE (City and state or country) BARTON CO MO.				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME JOHN B FAUBION				14. MOTHER'S MAIDEN NAME MARY ISENHAUER				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-09-8528		17. INFORMANT Mrs Chas. Cook Sheldon, Mo Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Condition after pneumonia Heart insufficiency							INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
Conditions, if any, which gave rise to above cause: (a) stating the underlying cause last.		DUE TO (b)		DUE TO (c) old age				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION LAMAR		20g. COUNTY Barton STATE Mo		
21. I attended the deceased from February 4 to March 18 and last saw her alive on March 17 Death occurred at 10 40 a. m. on the date stated above; and to the best of my knowledge, from the cause stated.								
22a. SIGNATURE E. Guedner M.D. (Degree or title)				22b. ADDRESS LAMAR		22c. DATE SIGNED 3-19-57		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE March 21, 1957		23c. NAME OF CEMETERY OR CREMATORY St James		23d. LOCATION (City, town, or county) (State) BARTON CO MO		
24. FUNERAL DIRECTOR Beery funeral home Sheldon Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. MAR 21 '57		26. REGISTRAR'S SIGNATURE Maries Kanatz		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

155 6 863

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 *S. Bernard Bunn*.....

Licensed Embalmer No. *41*.....

P. O. Address *Shelton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.