

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36610

STATE FILE NUMBER

FILED NOV 4 1957

Registration District No. 200 Primary Registration District No. 4314 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY MACON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ATLANTA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ATLANTA		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MARY - Middle Belle - Last Faught				4. DATE OF DEATH Month 10 - Day 13 - Year 1957						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 9-3-1872		9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months 1 Days 10 Hours - Min. -	IF UNDER 24 HRS. Hours - Min. -		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KNOX CO. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME William BLAINE FAUGHT				14. MOTHER'S MAIDEN NAME SALLY Tate						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT TOM Faught - ATLANTA - 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) Senility DUE TO (b) Arteriosclerosis DUE TO (c) 4500 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Congestive Heart Failure 5 years.							INTERVAL BETWEEN ONSET AND DEATH			
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.)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20c. TIME OF INJURY Hour 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 COUNTY STATE				
21. I attended the deceased from Sept 10 1952 to Oct 13-57 and last saw her alive on Oct 13-57 Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE O. L. Woodward (Degree or title)				22b. ADDRESS Atlanta Mo			22c. DATE SIGNED 10-16-57			
23a. BURIAL CREMATOR, REMOVE (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)				
Burial		10-15-57		Hope Well		MACON CO. - MO				
24. FUNERAL DIRECTOR ADDRESS Theo H. Goodding - ATLANTA, MO				25. DATE RECD. BY LOCAL REG. 10/20/57		26. REGISTRAR'S SIGNATURE Keith McNeely				

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NO. 1
Gen'l
Date Issued 10-28-57
10-57-184

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, ~~on~~ by Theo. H. Goodding, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Theo. H. Goodding

Licensed Embalmer No. 398

P. O. Address Atlanta, Ga.

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.