

Health, Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006505
STATE FILE NUMBER

FILED FEB 25 1958

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 12

0672
300
1-57

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston		c. CITY OR TOWN Charleston	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 600 Olive St.		d. STREET ADDRESS (If outside, give location) 600 Olive St.	
Length of stay in 1b 50 yrs.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Isaac Faucett			4. DATE OF DEATH Month Day Year Feb. 17, 1958
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1, 1885
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) North Carolina
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unk.	
13b. MOTHER'S MAIDEN NAME Mary Shanklin		14. NAME OF HUSBAND OR WIFE Maranda Faucett	
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.	
17. INFORMANT Oscar Wilson, Box 292, Charleston, 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) Pneumonia Terminal			INTERVAL BETWEEN ONSET AND DEATH 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Trauma			?
DUE TO (c)			
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	COUNTY STATE
21. I attended the deceased from February 3, 1958 to February 3, 1958 and last saw her alive on February 3, 1958 Death occurred at 7:20 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS Charleston Mo	22c. DATE SIGNED 2/20/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 21, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Mo.
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 2-20-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, chemist, etc. must use only standard nomenclature in item 18. NO symptoms will be traced. All diseases in Part I must be causally related.

RECEIVED
Miss. Co. Health
County File No. _____
Date Filed 2-23

EXP. 5
7858

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 Edward H. Ruffin

Licensed Embalmer No. 5022
2501 Poplar S
P. O. Address Cairo, Ill.

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.