JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 5 1959

59-033229

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 122

ENDED

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti — Length of stay in 1b: 3 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pem. County Mem. Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Louisiana b. COUNTY
c. CITY OR TOWN Zachary — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) City — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle DARBY Last FAUGHN

4. DATE OF DEATH: Month SEPT. Day 20 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Jan.31,1879
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R E A electrician
10b. KIND OF BUSINESS OR INDUSTRY: Co-Op
11. BIRTHPLACE (City and state or country): Dunklin county, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joshua Faughn
13b. MOTHER'S MAIDEN NAME: Minerva Hopper
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Mrs. F.O. Gardner, 504 Cotton Address Caruthersville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): C. W. A. — INTERVAL BETWEEN ONSET AND DEATH: 2 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Artero-sclerosis
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Post op amputation of Rt lower leg

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 1959, to Sept 1959 and last saw ~~her~~ him alive on 9-20-59
Death occurred at 12:10 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C W McKaskle M.D.
22b. ADDRESS: Caruthersville, Mo.
22c. DATE SIGNED: 9-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept.22,1959
23c. NAME OF CEMETERY OR CREMATORY: Elder Cemetery
23d. LOCATION (City, town, or county) (State): Campbell, Missouri, Rt. 2

24. FUNERAL DIRECTOR ADDRESS: Landess Funeral Home, Campbell, Mo.
25. DATE RECD. BY LOCAL REG.: 9-22-59
26. REGISTRAR'S SIGNATURE: LaHanda Adams

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Charles Partain, Student Embalmer No. 591

working under my personal supervision.

Studen Charles Partain Signed Christine M. Lande

Signature of Student Embalmer

Licensed Embalmer No. 4227

P. O. Address Campbell,

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