

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-025750

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 99

AMENDED

FILED AUG 11 1961

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| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFFERSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOACHIM | Length of stay in lb 30 DAYS | c. CITY OR TOWN DE SOTO, Mo. | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON MEMORIAL | | d. STREET ADDRESS (If outside, give location) 703 W. PRATT | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last GERALDINE LOUISE FAUTH | | | 4. DATE OF DEATH Month Day Year JULY 29, 1961 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/10/11 | 9. AGE (last birthday) 49 | IF UNDER 1 YEAR Months 9 Days 19 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL TEACHER | | 10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SCH. SYS. DE SOTO, MO. | 11. BIRTHPLACE (City and state or country) DE SOTO, MO. | 12. CITIZEN OF WHAT COUNTRY USA | |

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| 13a. FATHER'S NAME EDMOND S. FAUTH | 13b. MOTHER'S MAIDEN NAME LONA BELLE SHOEMAKER | 14. NAME OF HUSBAND OR WIFE --- |
| 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. NONE | 17. INFORMANT MR. E.S. FAUTH JR. DESOTO, MO |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs |
| IMMEDIATE CAUSE (a) Pneumonia | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Raynaud's Disease | 33 yrs |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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 checked="" 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 June 24 - 61 to 7-29-61 and last saw her alive on 7-28-61
Death occurred at 11:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>Thomas E. Faller M.D.</i> (Degree or title) | 22b. ADDRESS Desoto Mo | 22c. DATE SIGNED 7-31-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 8/1/1961 | 23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY | 23d. LOCATION (City, town, or county) (State) DE SOTO, MISSOURI |
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| 24. FUNERAL DIRECTOR DONNELL B. DIETRICH | ADDRESS DESOTO, Mo. | 25. DATE RECD. BY LOCAL REG. 8-1-61 | 26. REGISTRAR'S SIGNATURE <i>James A. Figner</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

AUG 14 1961

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

Donnell B. Decker

Licensed Embalmer No. 4104

P. O. Address Dakota Mo

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.