

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025662

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 30720 Registrar's No. 118

FILED JUN 18 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Saline</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>  |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>  |   | Length of stay in 1b <u>6 years</u>  | c. CITY OR TOWN <u>Marshall</u>  |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Johnson Nursing Home</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>Rural route No. 2</u> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Minnie</u> Middle <u>Evelyn</u> Last <u>Faust</u>  |   | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>14th</u> Year <u>1962</u>   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH <u>7-27-1880</u>                                      |
| 9. AGE (last birthday) <u>81</u>   |   | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>  | 11. BIRTHPLACE (City and state or country) <u>Warren Indiana</u>       |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u>   |   | 13a. FATHER'S NAME <u>Marion Richardson</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kinny</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Charles Faust</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |   | 16. SOCIAL SECURITY NO. <u>None</u>  |  |
| 17. INFORMANT <u>R.F.D.No.2</u> Address <u>K.A.Faust, Marshall, Missouri</u>   |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____<br>DUE TO (c) _____ |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown   |  |
| 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 _____<br>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 <u>Jun 15 '56</u> to <u>6-14-62</u> and last saw her alive on <u>6-14-62</u><br>Death occurred at <u>6-01 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE (Degree or title) <u>James A. Reid MD</u>   |   | 22b. ADDRESS <u>Marshall Mo</u>  | 22c. DATE SIGNED <u>6-15-62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>6-16-1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>Marshall Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Campbell-Lewis, Marshall Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>6-16-62</u>  | 26. REGISTRAR'S SIGNATURE <u>Cecil L. Reed</u>                         |

JUN 21 1962

*[Handwritten signature]*  
June 19 - 62  
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*[Handwritten signature]*

**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 *R.W. Campbell Jr.*

Licensed Embalmer No. 3469

P. O. Address Marshall 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.