

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027920

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1153

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 22 1963

VS 300 Rev. 4/59	DATE AMENDED
1 <u>0397</u>	
2 <u>0397</u>	
3 <u>2</u>	
4 <u>0</u>	
5 <u>1</u>	
6	
7 <u>0</u>	
8 <u>0</u>	
<u>94201</u>	
10	
11	
12 <u>1-0</u>	
13	
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
INSTEAD OF	
DOCUMENT	
MEDICAL CERTIFICATION	
BY AFFIDAVIT OF	
SHOULD READ	
ITEM NO.	

A. W. HANSS
USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		d. STREET ADDRESS (if outside, give location) <u>1521 E. Florida</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Louis</u> First <u>[REDACTED]</u> Middle <u>B.</u> Last <u>FAUGHT</u>		4. DATE OF DEATH Month <u>July</u> Day <u>16,</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>23 July 1894</u>
9. AGE (last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gardener</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plant Farm</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>William Faught</u>	
13b. MOTHER'S MAIDEN NAME <u>Hattie Manard</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Faught</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>[REDACTED]</u>	
17. INFORMANT <u>Lena Faught (Wife)</u>		Address <u>Springfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>See hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <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 _____ a.m. _____ p.m. Month, Day, Year _____			
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>1956</u> to <u>7-16-63</u> and last saw her alive on <u>7-16-63</u> Death occurred at <u>8:30</u> <u>A</u> .m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. W. Hanss</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>Springfield Mo</u>	22c. DATE SIGNED <u>7-16-63</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7-20-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PAYNE CEME.</u>	23d. LOCATION (City, town, or county) <u>GREENE COUNTY, MO.</u>
24. FUNERAL DIRECTOR <u>Klingner Mortuary</u> ADDRESS <u>Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-12-63</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>

12-10-57

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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 Max Heade

Licensed Embalmer No. 4071

P. O. Address _____

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.

Permit 7-16-63