

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 707

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community 6 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 42  
(c) City or town Calhoun MO  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Curtis Byron Faith

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth Faith

6. (c) Age of husband or wife if alive 63 1/2 years

7. Birth date of deceased April 17 1884  
(Month) (Day) (Year)

8. AGE:

Years 64

Months 8

Days \_\_\_\_\_

If less than one day

hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Calhoun MO  
(City, town, or county)

Missouri  
(State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Willis P Faith

13. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Bell

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Wife

(b) Address Calhoun, MO

17. (a) Burial (b) Date thereof 12-19-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director J. H. Housley

(b) Address Calhoun, MO

19. (a) Dec 17-48 (b) R. P. Kenney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17  
year 1948 hour 5 minute A M.

21. I hereby certify that I attended the deceased from 12-7  
1948, to 12-17, 1948;  
that I last saw her alive on 12-17, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral occlusion

Duration

3 da

Due to Stupor

2 1/2

Due to Asphyxiation

10 da

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury 0

23. Signature H. S. Walker (M. D. or other) MD

Address Calhoun MO Date signed 12-17-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

RECEIVED

District Health Officer No. 71

District File Number 11-48-1463

Date Filed 12-20-48

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. R. Houser

Licensed Embalmer No. 3682

P. O. Address Calhoun, 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 this body is not embalmed, fact should be so stated above.