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FILED

CERTIFICATE OF DEATH

JUN 19 1972

Registration District No. 142

Primary Registration District No. 4231

Registrar's No. 36

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/70

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Ray		E	Faber		2. Male	3. May 11, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 71	5b.	5c.	6. Sept 12, 1900		7a. Howell
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Mountain View		7c. Yes		7d. Route # 3 Mtn. View, Mo. -Home			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. U.S.A.		10. Married		11. Mary Elizabeth Gritton	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 500-09-8039		13a. Farmer		13b.			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
15. Missouri		14b. Howell	14c. Mountain View		14d. Yes		14e.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. William		Faber			16. Martha Nowlin		
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Mary E. Faber		17b. Route # 3 Mtn. View, Mo.					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE							
(a) Carcinomatosis							
DUE TO, OR AS A CONSEQUENCE OF:							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST		(b) Carcinoma of the right kidney					
		DUE TO, OR AS A CONSEQUENCE OF:					
		(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES OR NO)					IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
Arteriosclerotic heart disease with acute myocardial infarction		19b. YES					19c. NO
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20a.		20b.	20c.	20d.		20h. YES NO UNKNOWN	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS		
20e.		20f.	20g.		20h.		
CERTIFICATION—PHYSICIAN		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21a. 1971		21b. 5/72	21c. May 1972		21d.		21e. 10:30 P. M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD MONTH DAY YEAR		DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
22a.		10:30 P. M.		22b. 5-11-72		22c. 10:30 P. M.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. M.C. Walton, M.D.		23b. M.C. Walton, M.D.		23c.		23d. 6/5/72	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a.		23b. Mountain View, Missouri		23c. 65548		23d.	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. Arroll Cemetery		24c. Arroll, Missouri		24d.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO.		CITY OR TOWN, STATE, ZIP 11	
24e. 5-15-72		24f. Duncan Funeral Home		24g. Mtn. View, Missouri		24h.	
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. Joel E. Duncan		25b. Roman Groves		25c. 6-10-72		25d.	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

JUN 22 1972

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

Joe R. Duncan

Licensed Embalmer No.

4325

P. O. Address

Mt. View, 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.