

FILED AUG 12 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

## CERTIFICATE OF DEATH

STATE FILE NUMBER

124

68

0028631

4204

DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/68

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

9. 1

10a. 70

4. 64

11. 1  
DECEASED

12. 1

13. 4412

14. 0190  
USUAL RESIDENCE  
WHERE DECEASED  
LIVED, IF DEATH  
OCCURRED IN  
INSTITUTION, GIVE  
RESIDENCE BEFORE  
ADMISSION.15. 4  
PARENTS

16. 0

17. 0

18. 0

19. CREDITS

20. 0

10b. CITY, TOWN, OR LOCATION OF DEATH  
11. KANSAS CitySTATE OF BIRTH (IF NOT IN U.S.A., NAME  
COUNTRY)

12. MASSACHUSETTS

SOCIAL SECURITY NUMBER

13. 12493-34-8485

RESIDENCE—STATE

14. MISSOURI

FATHER—NAME

15. ARTHUR

INFORMANT—NAME

16. ROLLO L. FAUBION, SR.

PART I.

DEATH WAS CAUSED BY:

17. IMMEDIATE CAUSE

18. CONDITIONS, IF ANY,  
WHICH GAVE RISE TO  
IMMEDIATE CAUSE (D),  
STATING THE UNDER-  
LYING CAUSE LAST

19. CAUSE

18a. (a) DUE TO, OR AS A CONSEQUENCE OF

18b. (b) DUE TO, OR AS A CONSEQUENCE OF

18c. (c)

PART II.

OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)

19a. ACCIDENT, SUICIDE, HOMICIDE,  
OR UNDETERMINED (SPECIFY)

20a. 70b.

INJURY AT WORK  
(SPECIFY YES OR NO)

20a. 70b.

CERTIFICATION—  
PHYSICIAN:21a. I ATTESTED THE  
DECEASED FROM

21b. 7 29 68

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.

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Mr. Hector Wright Esq., Jr. (Has passed)  
Richard A. Lippincott

**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

*Herman W. House*

Licensed Embalmer No. 4889  
P. O. Address *Lathrop, N.Y.*

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.