

CERTIFICATE OF DEATH

4204

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/68

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
HELEN S. FAUBION		FEMALE	JULY 29, 1968
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)
WHITE	70		OCT. 7, 1897
CITY, TOWN, OR LOCATION OF DEATH	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	COUNTY OF DEATH	
KANSAS CITY	RESEARCH HOSPITAL	JACKSON	
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)
MASSACHUSETTS	U.S.A.	MARRIED	ROLLO L. FAUBION, SR.
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
493-34-8485	HOUSEWIFE		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
MISSOURI	CASS	RAYMORE	P.R.#2
FATHER—NAME FIRST MIDDLE LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
ARTHUR SHERIDAN	ELIZABETH		
INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
ROLLO L. FAUBION, SR.	P.R.#2 RAYMORE, MISSOURI		
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Ruptured Abdominal Aneurysm			3 1/2 hours.
(b) Generalized Arterio Sclerosis			Years.
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 760
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 176			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
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)	
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH. (YES OR NO)
7 29 68 TO 7 29 68	7 29 68	7 29 68	Yes
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 PROHOUNDED DEAD MONTH DAY YEAR	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
	8:20 P.M.	3 29 68	8:20 P.M.
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE	DATE SIGNED (MONTH, DAY, YEAR)
HECTOR W. BENNETT, JR.	Hector W. Bennett, Jr.	MD	7-30-68
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
4620 Nichols Pkwy		KANSAS CITY	MO
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN
BURIAL	CALVARY CEMETERY	KANSAS CITY	MISSOURI
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
JULY 31, 1968	D.W. NEWCOMER SONS, 1331. BROOK CREEK KANSAS CITY MO 64110		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
	Patricia Day	7-31-68	

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.

9. 1
10a. 70
10b.
11. 1
12. 1
13. 4412
14.
15. 4
16.
17.
18. 0
19. CREDITS
20.

0190

Dr. Victor H. Knight Resident, Dr. (Hear page 1)
Resident, Dr. Knight

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 Thomas W. House

Licensed Embalmer No. 4889

P. O. Address Salisbury, 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.