

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32659

State File No.

FILED SEP 22 1949

BIRTH NO. _____		REG. DIST. NO. <u>323</u>	PRIMARY REG. DIST. NO. <u>4474</u>	Registrar's No. <u>32</u>
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SALINE</u>		
b. CITY OR TOWN <u>SWEET SPRINGS</u> (If outside corporate limits, write RURAL and give township)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SWEET SPRINGS</u>		
c. LENGTH OF STAY (in this place) <u>ENTIRE LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>105 ELM</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROY 105 ELM</u>				
3. NAME OF DECEASED a. (First) <u>ROY</u>		b. (Middle) <u>LOUIS</u>		c. (Last) <u>FALK</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 4-49</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 3, 1911</u>	9. AGE (In years last birthday) <u>38</u> 10 UNDER 1 YEAR Months <u>3</u> 11 UNDER 1 YEAR Days <u>1</u> 12 UNDER 1 YEAR Hours <u></u> 13 UNDER 1 YEAR Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PHARMACIST</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DRUG STORE</u>	11. BIRTHPLACE (State or foreign country) <u>SWEET SPRINGS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>LOUIS HENRY FALK</u>		13b. MOTHER'S MAIDEN NAME <u>LYDIA STREMMING</u>		14. NAME OF HUSBAND OR WIFE <u>FREIDA MEYER FALK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy L. Falk</u> ADDRESS <u>Sweet Springs, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>2 31 X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>Sept 4</u> , 19 <u>49</u> , to <u>Sept 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 4</u> , 19 <u>49</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Joseph D. Doyle</u> (Sign as title)		23b. ADDRESS <u>M.D. Sweet Springs, Mo</u>		23c. DATE SIGNED <u>9-6-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>SWEET SPRINGS MO</u>	
DATE REC'D BY LOCAL REG. <u>9/6/49</u>	REGISTRAR'S SIGNATURE <u>Dolly Anderson</u>	293	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. F. Parker</u> ADDRESS <u>Sweet Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8.

SEP 12

District File Number

Date Filed

9-21-49

MAR 9 1950

OCT 4 1949

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.

Signed

L. F. Parker

Signed

Student Embalmer

Licensed Embalmer No.

3840

P. O. Address

Sweet Springs, 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.