

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5748

State File No.

840

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5974 Registrar's No. 20

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Rural South Green</u> <u>Park Township</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Park</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Buffalo</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo Rural South Green Township</u> | |
| c. LENGTH OF STAY (in this place) <u>Life</u> | | d. STREET ADDRESS (If rural, give location) <u>10 miles N.W. of Buffalo</u> <u>0840</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |
| 3. NAME OF DECEASED a. (First) <u>Charley</u> b. (Middle) <u>Harvey</u> c. (Last) <u>Faulkner</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1950</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 29, 1885</u> |
| 9. AGE (In years last birthday) <u>64</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Park County Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Samuel J. Faulkner</u> | | 13b. MOTHER'S MAIDEN NAME <u>Pierilla Parrish</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Lillie Faulkner</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>none</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mar. Lillie Faulkner</u> ADDRESS <u>Buffalo, 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>unknown</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | |
| INTERVAL BETWEEN ONSET AND DEATH <u>7 years</u> | | | |
| 19a. DATE OF OPERATION <u>Aug 4-49</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of bladder</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (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 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>Jan 1, 1949</u> , to <u>Feb 17, 1950</u> , that I last saw the deceased alive on <u>2-6-50</u> , and that death occurred at <u>8:10 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>St. Plummer M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Buffalo, Mo.</u> | |
| 23c. DATE SIGNED <u>2-17-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>Feb. 20, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Chapel Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Near Buffalo, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>Feb. 18, 1950</u> | REGISTRAR'S SIGNATURE <u>Ralph Gordon</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jewell Gordon</u> ADDRESS <u>258 E. Olive, Buffalo, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 1-50-114
Date Filed 2-21-50

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
Student Embalmer

Signed William B. Erwin

Licensed Embalmer No. 3092

P. O. Address Baltimore Md.

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.