

FILED AUG 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23384

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 854

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1545 Cherokee #150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Baxter Spgs. 8</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Elmer</u>	b. (Middle) <u>A</u>	c. (Last) <u>Faulkner</u>	
		7-31-51	

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>Aug 8 - 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 Hrs. Hours	IF UNDER 1 Min. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thor A. Faulkner</u>	13b. MOTHER'S MAIDEN NAME <u>Leitha Baldwin</u>	14. NAME OF HUSBAND OR WIFE <u>now Faulkner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>514-18-6762</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora Faulkner Baxter</u>	ADDRESS <u>Baxter</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 Wks.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Failure</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-17, 1951, to 7-31, 1951, that I last saw the deceased alive on 7-31, 1951, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.C. Pukrell D.O.</u>	(Degree or title)	23b. ADDRESS <u>Baxter Springs, Mo.</u>	23c. DATE SIGNED <u>8-2-51</u>
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24a. BURIAL, CREMATION, REMOVAL <u>removed</u>	24b. DATE <u>7-31-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Baxter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Baxter Spgs. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-4-51</u>	REGISTRAR'S SIGNATURE <u>Elmer A. Faulkner</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James W. Baxter</u>	ADDRESS <u>Baxter Spgs. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

8/6/51

County Health Office

County File Number 620

Date Filed 8/6/51

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

Wene Funeral Home

working under my personal supervision.

Student Embalmer No.

Signed J. Lance Wene

Signed.....
Student Embalmer

Licensed Embalmer No. 2880

P. O. Address Baptist Stgs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.