

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41132

FILED JAN 8 1952

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>4170</u>		Registrar's No. <u>77</u>			
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>					
b. CITY (If outside corporate limits, write full name and give township) <u>Union Star</u>		c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Union Star</u>		0320			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>FAUL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 21 1951</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept. 25 - 1876</u>			
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		11. BIRTHPLACE (State or foreign country) <u>DeKalb Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Jacob Faul</u>			13b. MOTHER'S MAIDEN NAME <u>Miriam Merton</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Faul</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Julia Faul</u>		18. ADDRESS <u>Union Star Mo</u>			
19. 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u>				DUE TO (b) <u>Cancer Prostate</u>				6 months	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				6 months	
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>177X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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>May, 1951</u> , to <u>Dec 21, 1951</u> , that I last saw the deceased alive on <u>Dec 21, 1951</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>E. M. Reynolds M.D.</u>				23b. ADDRESS <u>Union Star Mo</u>		23c. DATE SIGNED <u>12-27-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/23/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amity</u>		24d. LOCATION (City, town, or county) (State) <u>Amity Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-3-52</u>		REGISTRAR'S SIGNATURE <u>James D. Dodson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phelan Funeral Home</u>		ADDRESS <u>Wayssville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

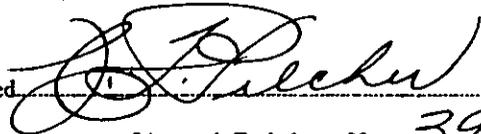
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....



Licensed Embalmer No. 3960

P. O. Address Maunville, 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.