

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13765**

FILED APR 29 1952

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **129**

804

804

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

GILLESPIE FUNERAL HOME

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1213 S. Sneed			d. STREET ADDRESS (If rural, give location) 1213 S. Sneed		
3. NAME OF DECEASED (Type or Print) MARYLEE			a. (First)	b. (Middle)	c. (Last) FAULKNER
4. DATE OF DEATH April 17, 1952	(Month)	(Day)	(Year)		
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Mar. 23, 1951	9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *****	10b. KIND OF BUSINESS OR INDUSTRY *****	11. BIRTHPLACE (State or foreign country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Chas. W. Faulkner		13b. MOTHER'S MAIDEN NAME Mary E. Schrankler		14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) *****	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR NAME Chas. W. Faulkner, Sedalia, Mo ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Bronchitis			INTERVAL BETWEEN ONSET AND DEATH 3 days.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Virus Infection.			3 days.		
DUE TO (c) Asthenia.			Since birth.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None other.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Medical treatment only.		20. AUTOPSY? 492X		YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	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) None.	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 birth , 19____, to April 17th 1952 , that I last saw the deceased alive on April 17th, 1952 and that death occurred at 8:45 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE Jno. B. Carlisle, M.D.			23b. ADDRESS Sedalia, Missouri.		23c. DATE SIGNED 4-19-52.
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 19, 1952	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Mo		
DATE REC'D BY LOCAL REG. 4/19/1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Sedalia, Mo		

(Licensed Embalmer's Statement on Reverse Side)

251-0

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 _____

Licensed Embalmer No. 3470

P. O. Address Sedalia

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.