

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 26 1952

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 2036 Registrar's No. 62

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

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u>	
c. LENGTH OF STAY (In this place) <u>Month</u>		d. STREET ADDRESS (If rural, give location) <u>411 LINCOLN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>PEARL FAULKNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 16 1952</u>		
a. (First)		b. (Middle)	c. (Last)		

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>November 25, 1890</u>	9. AGE (In years last birthday) <u>61</u>	if under 1 year	if under 1 year	if under 1 year
					Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LAWRENCE County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>WASHINGTON McNatt</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA Cox</u>		14. NAME OF HUSBAND OR WIFE <u>WILLARD FAULKNER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NEVER</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willard H. FAULKNER</u>		ADDRESS <u>AURORA</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				<u>30 days</u>	
		ANTECEDENT CAUSES				<u>2 years +</u>	
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) <u>CA. Sigmoid c</u>					
		DUE TO (c) <u>metastases</u>					
		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>153X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 Feb. 19 51 to Sept 16 19 52 that I last saw the deceased Sept 16 7 30 am 19 52, and that death occurred at 9 45 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. McCallum M.D.</u>		23b. ADDRESS <u>134 Chest St. Aurora, Mo.</u>		23c. DATE SIGNED <u>Sept 20 1952</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9/18/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE PARK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>AURORA, MISSOURIA</u>	
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DATE REC'D BY LOCAL REG. <u>9-20-52</u>		REGISTRAR'S SIGNATURE <u>Ora McNatt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osborn L. Marsh</u>		ADDRESS <u>Aurora, Mo.</u>	
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SEP 26 1952

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 Gene Parrent
Licensed Embalmer No. 4809
P. O. Address Aurora, 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.