

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35564**

5. No. 300  
17. 10. 4

**0550**  
BIRTH NO. **100** **DOCT 20 1952**

REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **4275** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY <b>Lawrence County</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Marionville</b> b. COUNTY <b>Lawrence</b>		
b. CITY OR TOWN <b>Marionville</b>		c. LENGTH OF STAY (in this place) <b>63 yrs.</b>	c. CITY OR TOWN <b>Marionville</b>		<b>0550</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alice</b>		b. (Middle) <b>DeFever</b>	c. (Last) <b>Faulkner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 14, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>April 15, 1872</b>	9. AGE (in years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>6</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Morton, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Jesse W. DeFever</b>		13b. MOTHER'S MAIDEN NAME <b>Malinda B. Lawson</b>	14. NAME OF HUSBAND OR WIFE <b>John W. Faulkner</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bernice Moore, Marionville, Mo.</b> 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Diabetic Nephritis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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)		<b>260X</b>	
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 <b>1946</b> , to <b>Oct. 14, 1952</b> that I last saw the deceased alive on <b>Oct. 14, 1952</b> and that death occurred at <b>12:00 pm.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>A. P. Cozette</b> (Degree or title) <b>M.D.</b>			23b. ADDRESS <b>Aurora, Mo.</b>		23c. DATE SIGNED <b>10/16/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 16, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>507th Fellows Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marionville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10/16/52</b>	REGISTRAR'S SIGNATURE <b>Oran Mc Nett 157</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Durridge</b> ADDRESS <b>Marionville, Mo.</b>		

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

(Licensed Embalmer's Statement on Reverse Side)

OCT 27 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 Herman Lurridge

Licensed Embalmer No. 3072

P. O. Address Marionville, 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.