

STANDARD CERTIFICATE OF DEATH

Rev. 10-48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4242 Registrar No. 14

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived at institution residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lone Jack</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lone Jack</u>	
c. LENGTH OF STAY (in this place) <u>7</u>		d. STREET ADDRESS (If rural, give location) <u>Town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Kate</u>		b. (Middle) <u>—</u> c. (Last) <u>Faulkenberry</u>	
4. DATE OF DEATH <u>1-14-53</u>		5. SEX <u>F</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>3-31-53</u>		9. AGE (In years, last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Kimmel</u>	
14. NAME OF HUSBAND OR WIFE <u>—</u>		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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stella Bynum Lone Jack Mo</u>	
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 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic cholecystitis and cholelithiasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecistis; hepatic</u> <u>1 yr.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>584x</u>	
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)	
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 <u>1-5-53</u> , to <u>1-14-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-14-53</u> , 19 <u>53</u> , and that death occurred at <u>8:30</u> P.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Woodward M.D.</u>		23b. ADDRESS <u>Pleasant Hill, Mo</u>	
23c. DATE SIGNED <u>1-15-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1-17-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Jack</u>	
24d. LOCATION (City, town, or county) (State) <u>Lone Jack Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Bannister</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>Lee's Summit</u>		DATE REC'D BY LOCAL REG. <u>1-17-53</u>	
REGISTRAR'S SIGNATURE <u>W. B. Bannister</u>		25. FUNERAL DIRECTOR'S ADDRESS	

**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

*H. B. Langford*

Licensed Embalmer No. *3233*

P. O. Address *Lee's Summit*

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.