

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22937**

FILED JUL 18 1955

BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY MISSISSIPPI		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MISSOURI b. COUNTY MISSISSIPPI	
b. CITY OR TOWN EAST PRAIRIE	c. LENGTH OF STAY (in this place) LIFE	c. CITY OR TOWN EAST PRAIRIE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE - GEN. DEL.		e. STREET ADDRESS (If rural, give location) 06 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) SIMON b. (Middle) FALCOFF c. (Last) FALCOFF			4. DATE OF DEATH (Month) (Day) (Year) JULY 6, 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 20 1904	9. AGE (In years last birthday) 51	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCANTILE STORE CLOTHING		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) EAST PRAIRIE MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME J.M. FALCOFF		13b. MOTHER'S MAIDEN NAME CELIA MILLER		14. NAME OF HUSBAND OR WIFE EFFIE MAE FALCOFF	
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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) No.		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Effie Mae Falcoff, E. Prairie Mo.		ADDRESS _____	
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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			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis			DUPLICATE TO (b) Closing coronary artery			Instantly		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUPLICATE TO (c) _____					
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 _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 1201	
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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? _____	
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22. I hereby certify that I attended the deceased from **No medical attendance at time of death**, 19____, to 19____, that I last saw the deceased alive on 19____, and that death occurred at **10:50 P.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Travis Shelby Coroner		23b. ADDRESS East Prairie Mo.		23c. DATE SIGNED 7-7-55	
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24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 7-7-55		24c. NAME OF CEMETERY OR CREMATORY Blair-Ammons		24d. LOCATION (City, town, or county) (State) St. Louis, MO.	
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DATE REC'D BY LOCAL REG. 7-8-55		REGISTRAR'S SIGNATURE Lertuda L. Harper		FUNERAL DIRECTOR'S SIGNATURE Travis Shelby		ADDRESS East Prairie, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 11 REC'D

RECEIVED

Miss. Co. Health Dep

County File No. _____

Date Filed 7-15-

NOV 14 1955

AUG 2 1955

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.....
Signature of Student Embalmer

Signed *Travis Shelby*

Licensed Embalmer No. 279

P. O. Address East Prairie

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.