

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36646**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **2**

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bethany</b>	c. LENGTH OF STAY (in this place) <b>3 wks</b>	c. CITY OR TOWN <b>Bethany</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>N</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Hall Memorial Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3 miles Southeast of Bethany</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Marion</b> b. (Middle) <b>Alford</b> c. (Last) <b>Fallis</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 10 1955</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Oct 9, 1874</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmhand</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>New Hampton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Jasja Jackson Fallis</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Hilde</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>P.M. Fallis, Savannah, Mo.</b>			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>331X</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 **10-23**, 1955, to **11-10**, 1955, that I last saw the deceased alive on **11-10**, 1955, and that death occurred at **9:50 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Merriam Peasart MD</b>		23b. ADDRESS <b>Bethany Mo.</b>		23c. DATE SIGNED <b>11/10/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Bural</b>	24b. DATE <b>11/11/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Foster Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>New Hampton Missouri</b>		
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DATE REC'D BY LOCAL REG <b>11-16-55</b>	REGISTRAR'S SIGNATURE <b>Zola Burris</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>111 N Noble &amp; Son New Hampton</b>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 William George Noble....., Student Embalmer No. 51  
working under my personal supervision..

Student William George Noble.....  
Signature of Student Embalmer

Signed W. G. Noble.....

Licensed Embalmer No. 291

P. O. Address New Hampton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If  
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.