

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9087

State File No. _____

1294

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | | | |
|---|--|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). —a.—STATE MISSOURI | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY) | | c. LENGTH OF STAY (in this place) 9 days | c. CITY OR TOWN SPRINGFIELD | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL | | | e. STREET ADDRESS (If rural, give location) 2111 N TREMONT | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) EUGENE | | | b. (Middle) DORAN | | c. (Last) FAULKNER |
| 4. DATE OF DEATH (Month) (Day) (Year) March 23, 1956 | | | 5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH August 23, 1918 | |
| 9. AGE (In years last birthday) 37 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (City and State or Foreign Country) Brighton, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME John W. Faulkner | | 13b. MOTHER'S MAIDEN NAME Berta Lee McMichael | | 14. NAME OF HUSBAND OR WIFE Helen | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII | | 16. SOCIAL SECURITY NO. unknown | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, K. C. Mo. | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage, base of brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurysm, anterior communicating artery of circle of Willis, ruptured. Spontaneous DUE TO (c) Perforation of stomach at fundus 11. OTHER SIGNIFICANT CONDITIONS Diaphragmatic hernia of stomach | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA | | 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 March 14, 1956 , to March 23, 1956 , and that I attended the deceased and that death occurred at 3:30A m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) EUGENE C. HWA N.E. 1st Lt USA | | | 23b. ADDRESS VA Hospital, Kansas City, Mo. | | 23c. DATE SIGNED 3/23/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE MAR. 23. 1956 | | 24c. NAME OF CEMETERY OR CREMATORY SPRINGFIELD, MISSOURI | |
| 24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomb, 13 1/2 BRUSH CREEK KANSAS CITY, MO. | | | |
| DATE REC'D BY LOCAL REG. 3-24-56 | | REGISTRAR'S SIGNATURE neva minshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomb, 13 1/2 BRUSH CREEK KANSAS CITY, MO. | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

APR 11 1956

APR 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James T. Weaver*.....
Licensed Embalmer No. *44*.....
P. O. Address *Kansas*.....

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