

with, welfare, public service, 00-56, diseases in Part 1 must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40897

STATE FILE NUMBER

FILED DEC 24 1956

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kirkwood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>				Length of stay in lb <b>1 yr 1 mo 7 days</b>		d. STREET ADDRESS (If outside, give location) <b>247 Electric Street</b>	
3. NAME OF DECEASED (Type or print) <b>WILLIAM WMI FAULKNER</b>				4. DATE OF DEATH <b>November 13, 1956</b>		Month Day Year	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>January 23, 1895</b>	
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel founder</b>		100. KIND OF BUSINESS OR INDUSTRY <b>Steel Foundary</b>		11. BIRTHPLACE (City and state or country) <b>Osage City, Kansas</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel founder</b>		100. KIND OF BUSINESS OR INDUSTRY <b>Steel Foundary</b>		11. BIRTHPLACE (City and state or country) <b>Osage City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Aaron Faulkner</b>				14. MOTHER'S MAIDEN NAME <b>Lucy Vaughn</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WMI</b>		16. SOCIAL SECURITY NO. <b>Yes - Number Unknown</b>		17. INFORMANT <b>VA Hospital records</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Tuberculosis, pulmonary, far advanced, active</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) ---							
DUE TO (c) ---							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Diabetes, mellitus</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ---				
20c. TIME OF INJURY Hour: --- a. m. --- p. m. ---			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ---				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <b>Excelsior Springs, Missouri</b>		20g. COUNTY STATE		
21. <b>VA</b> attended the deceased from <b>Oct. 7, 1955</b> to <b>Nov. 13, 1956</b> Death occurred at <b>8:20 A. m</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>PAUL C. BRUCE, M.D., Acting Chief TB Service</b>				22b. ADDRESS <b>VA Hospital Excelsior Springs, Missouri</b>			22c. DATE SIGNED <b>11-13-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>11-14-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>JEFFERSON BKS. NAT. CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>S.T. LOUIS, Mo.</b>		
24. FUNERAL DIRECTOR <b>Richard Funeral Home, Inc.</b> <b>Excelsior Springs, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>11-16-56</b>		26. REGISTRAR'S SIGNATURE <b>Caroline Hutchings</b>	

(Released Embalmer's Statement on Reverse Side)



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

*Ludell Jarman*

License Embalmer No. *46*

*Excelsior Springs*  
P. O. Address

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.