

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-025063
 State File No.

FILED JUL 17 1958

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 109

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> 0350 b. COUNTY <u>Dunklin</u> | |
| b. CITY OR TOWN <u>Kennett</u> | c. LENGTH OF STAY (in this place) <u>4 days</u> | c. CITY OR TOWN <u>Senath</u> | 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 <u>Dunklin Co. Memo. Hosp</u> | | e. STREET ADDRESS (If rural, give location) | |

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|---|---------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lawrence</u> b. (Middle) <u>Duncan</u> c. (Last) <u>Faulkner</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1958</u> | | |
| 5. SEX <u>Mo</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Nov. 30, 1866</u> | 9. AGE (In years last birthday) <u>91</u> | IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work for most of working life, even if retired) <u>Retired farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Augusta, Georgia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>William R. Faulkner</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca M^{rs} Corley</u> | | 14. NAME OF HUSBAND OR WIFE _____ | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H. O. Storey - Senath, 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, asthenia, 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) <u>Cerebral Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u> DUE 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 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) | <u>332 X</u> |
| 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 | |

22. I hereby certify that I attended the deceased from 6-20, 1958, to 6-23, 1958, that I last saw the deceased alive on 6-23, 1958, and that death occurred at 2:10 AM, from the causes and on the date stated above.

| | | | | |
|---|---|--|--|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Charles H. Mays</u> | | 23b. ADDRESS <u>Senath, Mo</u> | | 23c. DATE SIGNED <u>July 8/58</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6/24/58</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Wulu Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Senath, Mo. Rt.</u> | |
| DATE REC'D BY LOCAL REG <u>7-9-1958</u> | REGISTRAR'S SIGNATURE <u>Carol H. ...</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Howard Funeral Service - Beachville, Ark</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

0352

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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 7-15-58
COUNTY FILE NUMBER 758

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 *Monte Grimes*
Licensed Embalmer No. 503
P. O. Address *Leachville*

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.