

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031614

STATE FILE NUMBER

FILED SEP 26 1958

Registration District No. 2 Primary Registration District No. 4008 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ANDREW</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SAVANNAH</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>SAVANNAH</u> 0020 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>729 Chestnut St.</u> Length of stay in 1b <u>10 YEARS</u>		d. STREET ADDRESS (If outside, give location) <u>729 Chestnut St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Porter</u> Middle <u>Mortimer</u> Last <u>Fallis</u>			4. DATE OF DEATH Month <u>September</u> Day <u>21</u> Year <u>1958</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 21, 1878</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>		11. BIRTHPLACE (City and state or country) <u>Harrison County, Mo</u>	
13. FATHER'S NAME <u>Josiah Fallis</u>		14. MOTHER'S MAIDEN NAME <u>Matilda Heiple</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-01-8976</u>		17. INFORMANT <u>Mrs. Eva Fallis</u> Address <u>Savannah, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Thrombosis of Vein Cere</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Prurient Ovarianitis of Puer</u> DUE TO (c) <u>with general osteolases</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>1 yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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 <u>10:30 PM</u> Month, Day, Year 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		COUNTY STATE

21. I attended the deceased from <u>7-28-58</u> to <u>9-21-58</u> and last saw ^{her} <u>him</u> alive on <u>9-21-58</u> Death occurred at <u>10:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Ronald Long</u> (Driver or Wife)	22b. ADDRESS <u>Savannah Mo</u>
22c. DATE SIGNED <u>9-23-58</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 24, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Savannah City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Savannah Mo</u>
24. FUNERAL DIRECTOR <u>Wm A. Rich</u> ADDRESS <u>Savannah Mo</u>		25. DATE RECD. BY LOCAL REG. <u>9-23-58</u>	26. REGISTRAR'S SIGNATURE <u>Lilleait Sparks</u>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public-Service
 300 1-56
 All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 1 1958

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.....
Wm A. Rich

Licensed Embalmer No. *47*

P. O. Address *Savanna*

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.