THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000054
STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 4 Primary Registration District No. ..... Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Atchison	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN 0030 0 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Community Hosp. — Length of stay in 1b 1 Wk.	d. STREET ADDRESS (If outside, give location) 3½ Mi.S.W.of Fairfax — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: BERTHA Middle: ELZADA Last: JANE FAULKNER			4. DATE OF DEATH Month Day Year: Jan. 11,1959	
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Oct.9,1895	9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: In the home	11. BIRTHPLACE (City and state or country): Dora,Missouri	12. CITIZEN OF WHAT COUNTRY?: U.S.A.	
13. FATHER'S NAME: John Smith		14. MOTHER'S MAIDEN NAME: Mary Lowery		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): **********	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Charles F.Faulkner — Address: Fairfax Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Bronchial asthma and Cor Pulmonale

DUE TO (c) Rheumatoid arthritis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 241x

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/31/57, to 1/11/59 and last saw her alive on 1/11/59

Death occurred at 10 45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C G Niedermeyer MD	22b. ADDRESS: Harkio Mo.	22c. DATE SIGNED: 1/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/14/59	23c. NAME OF CEMETERY OR CREMATORY: English Grove	23d. LOCATION (City, town, or county): Fairfax	(State): Missouri
24. FUNERAL DIRECTOR: Schooler Funeral Home	ADDRESS: Fairfax Mo.	25. DATE RECD. BY LOCAL REG.: Jan. 12, 1959	26. REGISTRAR'S SIGNATURE: Marvin H. Schooler	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Marvin W. Schaale

Licensed Embalmer No. 41

P. O. Address Fairfa

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.