

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 385 PRIMARY REGISTRATION DISTRICT NO. 3039 REGISTRAR'S NO. 84

59-040887

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LINN</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE</u>		Length of stay in 1b		c. CITY OR TOWN <u>MARCELINE</u>		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>SANTE FE ST.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>702 S. MO. AVE</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>HARRY BENJAMIN FAULKNER</u>				4. DATE OF DEATH Month Day Year <u>11 - 20 - 1959</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>JUNE 24 1896</u>		9. AGE (last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>4 26</u>		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>SELF EMPLOYED</u>				11. BIRTHPLACE (City and state or country) <u>MARCELINE MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>DAVID FAULKNER</u>				13b. MOTHER'S MAIDEN NAME <u>MARGARET JANE GARTON</u>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>WW II 16 APRIL 1945</u>				16. SOCIAL SECURITY NO. <u>497-14-3790</u>		17. INFORMANT Address <u>MRS. Ed Hettie Marceline</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <u>myocardial Infarction</u>													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u>													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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. Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION <u>Mo.</u> COUNTY STATE								
21. I attended the deceased from <u>DEC 1958</u> to <u>NOV. 20, 1959</u> and last saw <u>him</u> alive on <u>12-22-58</u> Death occurred at <u>3:39</u> <u>P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>George Perry</u>						22b. ADDRESS <u>Marceline Missouri</u>			22c. DATE SIGNED <u>11-23-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>11-22-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEM</u>			23d. LOCATION (City, town, or county) (State) <u>MARCELINE Mo.</u>						
24. FUNERAL DIRECTOR <u>MILLER-Tillotson</u>			ADDRESS <u>Mo. MARCELINE</u>		25. DATE RECD. BY LOCAL REG. <u>11-22-59</u>		26. REGISTRAR'S SIGNATURE <u>Beverly Owens</u>						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 15 1959

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 Lebina K. Tildate

Licensed Embalmer No. 4508

P. O. Address Marcel
Mo

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.