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# DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-044878
STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6174 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harris Clay — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Sullivan
c. CITY OR TOWN Harris — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Alberta Middle Virginia Last Faulkner
4. DATE OF DEATH Month 12 Day 2 Year 60
5. SEX fe
6. COLOR OR RACE w
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/27/1906
9. AGE (last birthday) 54 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 Home
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Clarence E. Johnson
13b. MOTHER'S MAIDEN NAME May B. Hoselton
14. NAME OF HUSBAND OR WIFE Samual Faulkner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Samual Faulkner Address Harris, 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) Shot wound R. temple. — INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Rifle shot.
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☑ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) self inflicted —
20c. TIME OF INJURY Hour 9 30 a.m. p.m. Month, Day, Year 12-2-60 Poor health —
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.) in home.
20f. CITY, TOWN, OR LOCATION Harris COUNTY Sullivan STATE Mo.

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 9 30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. V. Simpson, D.O. (Degree or title)
22b. ADDRESS Milan
22c. DATE SIGNED 12-3-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12/4/60
23c. NAME OF CEMETERY OR CREMATORY Hover Cem
23d. LOCATION (City, town, or county) Browning Rural (State) Mo.

24. FUNERAL DIRECTOR Wade Funeral Home ADDRESS Browning
25. DATE RECD. BY LOCAL REG. 12-9-60
26. REGISTRAR'S SIGNATURE Mrs. M. W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Gerald F. Wa

Signature of Student Embalmer

Licensed Embalmer No. 417

P. O. Address Brown

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.