SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-029007
STATE FILE NUMBER

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 104

FILED AUG 21 1961

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bethany
Length of stay in 1b: 8 mos.
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION: Bethany Golden Age Nursing Home
Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First: ELLA Middle: FLORENCE Last: FALLIS
4. DATE OF DEATH: Month: August Day: 16 Year: 1961
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/19/74
9. AGE (last birthday): 86
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): at home
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Gentry Co., Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: F. George Hunter
13b. MOTHER'S MAIDEN NAME: M Martha Deaton
14. NAME OF HUSBAND OR WIFE: George Fallis
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: Mrs. Wm. Youngman Address: New Hampton, 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): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fracture Left Femur. — 6 days
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Parkinsons Disease
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.): Patient fell on floor
20c. TIME OF INJURY: Hour 6:00 a.m. Month, Day, Year: 8-10-61
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.): Rest Home
20f. CITY, TOWN, OR LOCATION: Bethany COUNTY: Harrison STATE: Mo.
21. I attended the deceased from 12-12-60 to 8-16-61 and last saw her alive on 8-16-61
Death occurred at 5:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: G. H. Thurber (Degree or title) D.O.
22b. ADDRESS: Bethany, Mo.
22c. DATE SIGNED: 8-18-61
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: August 17, 1961
23c. NAME OF CEMETERY OR CREMATORY: Grnadview
23d. LOCATION (City, town, or county) (State): Albany, Missouri
24. FUNERAL DIRECTOR: Brooks-Cochell Funeral Home ADDRESS: Albany, Mo.
25. DATE RECD. BY LOCAL REG.: 8-18-61
26. REGISTRAR'S SIGNATURE: Zella Massey

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Cockell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.