

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

4218

Registrar's No.

0034926

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY *Henry*b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN *Windsor*Length of stay in lb  
*4 days*c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION *Community Hospital*Inside Limits  
Yes ☐ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE *mo* b. COUNTY *Henry*c. CITY OR TOWN *Calhoun Rt 1* Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location) *9 mile S.E. of Calhoun* Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
*MATILDA JANE FALER*4. DATE OF DEATH  
Month Day Year  
*Sept 18 1964*

5. SEX

*Female*

6. COLOR OR RACE

*white*7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

*4/3/1883*

9. AGE (last birthday)

*81*

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*housework*

10b. KIND OF BUSINESS OR INDUSTRY

*Home*

11. BIRTHPLACE (City and state or country)

*Benton County mo*

12. CITIZEN OF WHAT COUNTRY

*U.S.A.*

13a. FATHER'S NAME

*not available*

13b. MOTHER'S MAIDEN NAME

*not available*

14. NAME OF HUSBAND OR WIFE

*Aubrey Faler (deceased)*15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)*no*

16. SOCIAL SECURITY NO.

*none*

17. INFORMANT

*Chester Faler*

Address

*Lincoln, mo Rt 1*

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Cerebral Vascular Accident*

INTERVAL BETWEEN ONSET AND DEATH

*36 hours*

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

DUE TO (b)

*Cerebral Hemorrhage**36 hours*

DUE TO (c)

*Generalized Arteriosclerosis**years*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

*Arthritis - Senility*

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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.)

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 *Sept 16, 1964* to *Sept 18, 1964* and last saw her alive on *Sept 18, 1964*  
Death occurred *11:20 p.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

*Bernard Brock, M.D.*

22b. ADDRESS

*116 South main Windsor mo.*

22c. DATE SIGNED

*9/19/64*

23a. BURIAL CREMATION, REMOVAL (specify)

*Burial*

23b. DATE

*Sept 20, 1964*

23c. NAME OF CEMETERY OR CREMATORY

*Faler Cemetery*

23d. LOCATION (City, town, or county)

*Benton County, mo.*

(State)

24. FUNERAL DIRECTOR

*Fred Davis & son, Lincoln, mo*

ADDRESS

25. DATE RECD. BY LOCAL REG.

*Sept 19 1964*

26. REGISTRAR'S SIGNATURE

*Mildred Bigman*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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

*Le Roy Davis*

Licensed Embalmer No. 5217

P. O. Address

*Lincoln, 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.