

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1957

16846

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 473

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Windsor		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Length of stay in 1b 46 Yrs	d. STREET ADDRESS 2 1/2 mi. N.E. Windsor		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM RICHARD FALER			4. DATE OF DEATH Month Day Year May 15, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 26, 1891	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Edmondson, Mo.	
13. FATHER'S NAME John Wm Faler			14. MOTHER'S MAIDEN NAME Thersa Berry		
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. 494-30-5979		17. INFORMANT Mrs. William Faler Windsor, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH 5 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					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 Month, Day, Year a. m. p. m.					
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 COUNTY STATE	
21. I attended the deceased from May 15 57 to May 15 57 and last saw him alive on May 15 1957 Death occurred at 3:00 P. noon on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ray B Jordan M.D.			22b. ADDRESS Windsor Mo		22c. DATE SIGNED 5-17-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 17, 1957	23c. NAME OF CEMETERY OR-CREMATORY Laurel Oak Cemetery		23d. LOCATION (City, town, or county) (State) Windsor, Missouri
24. FUNERAL DIRECTOR Ellis Huston		ADDRESS Windsor, Mo.		25. DATE RECD. BY LOCAL REG. 5 20 57	26. REGISTRAR'S SIGNATURE Mildred Bigum

MAR 27 1959

MAR 3 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 *Clifford Gouge*
Licensed Embalmer No. *5016*

P. O. Address *Windsor,*

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.