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FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34633

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5914 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY OR TOWN <u>Seventy Six hrs</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>CHAFFEE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3</u>		d. STREET ADDRESS (If rural, give location) <u>RFD#1</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN ERSTINE FAULTNER</u>			4. DATE OF DEATH <u>SEPT. 12-1949</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>SEPT. 26-1897</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Hours <u>16</u>	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FIREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (State or foreign country) <u>ATONTA TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
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13a. FATHER'S NAME <u>JOHN FAULTNER</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE MYRTLE</u>	14. NAME OF HUSBAND OR WIFE <u>RUTH L. FAULTNER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>410-16-4763</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Faulkner Chaffee</u>			ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	DUE TO (b) <u>(will)</u>				
	DUE TO (c) <u>(will)</u>				<u>E 9 2018</u>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.				<u>U 2</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>(will)</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near Colliery</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brashear Twp. Perry 79 Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 12 49 11:30pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Engine submerged into water</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>Perryville Mo.</u>	23c. DATE SIGNED <u>9/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>SEPT. 15-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis Me. Park</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis Tenn.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 1-1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Chaffee</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 28 1949

RECEIVED 10-26-49

Public Health Officer No. 4

File Number 1049-142

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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.

Signed.....

Earl J. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 2676

P. O. Address

Oran 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 this body is not embalmed, fact should be so stated above.