No. 300
10.48

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

FILED JAN 16 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 569

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 6

**1. PLACE OF DEATH**
a. COUNTY Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Smithville
c. LENGTH OF STAY (In this place) 2yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) No Street Address

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clay 0240
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Smithville 6
d. STREET ADDRESS (If rural, give location) No Street Address

**3. NAME OF DECEASED** (Type or Print)
a. (First) LEANDER
b. (Middle) C.
c. (Last) FAULKNER

**4. DATE OF DEATH** (Month) (Day) (Year) JAN. 8, 1950

**5. SEX** MALE
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed
**8. DATE OF BIRTH** JAN. 14, 1857
**9. AGE** (In years last birthday) 92 — IF UNDER 1 YEAR: Months 11 Days 25 — IF UNDER 24 HRS.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) FARMER (RETIRED)
**10b. KIND OF BUSINESS OR INDUSTRY** FARMING
**11. BIRTHPLACE** (State or foreign country) Powell County, Kentucky
**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Not Known
**13b. MOTHER'S MAIDEN NAME** Not Known
**14. NAME OF HUSBAND OR WIFE** Sallie Foster (1946)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) None
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME** Vernon Faulkner — **ADDRESS** 1215 E. 24th N.K.C. Mo

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Ch. Myocardial Degeneration
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS*
*Conditions contributing to the death but not related to the disease or condition causing death.*
490X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Dec 5, 1949, *to* Jan 8, 1950, *that I last saw the deceased alive on* Dec 5, 1949, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** E B Hobbs (Degree or title) MD
**23b. ADDRESS** Smithville Mo.
**23c. DATE SIGNED** 1-9-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 1/11/50
**24c. NAME OF CEMETERY OR CREMATORY** Second Creek Cemetery
**24d. LOCATION** (City, town, or county) Platte County (State) Missouri

**DATE REC'D BY LOCAL REG.** Jan 10-1950
**REGISTRAR'S SIGNATURE** Beulah Fitchen 63
**25. FUNERAL DIRECTOR'S SIGNATURE** Mohman Funeral Home **ADDRESS** Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 14
District Health Officer No. 8,
District File Number
Date Filed 1-14-50

JAN 27 1950

## 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 ..... Student Embalmer

Signed Owen J Boggess Jr.

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.