

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7697

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 332

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 1 Day		d. STREET ADDRESS (If rural, give location) 906 North 11th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) Donald	a. (First)	b. (Middle) Dean	c. (Last) Fales	4. DATE OF DEATH (Month) (Day) (Year) March 17 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 28, 1930	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	11. BIRTHPLACE (State or foreign country) Marshall, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harlin Fales	13b. MOTHER'S MAIDEN NAME Irene Weymeyer	14. NAME OF HUSBAND OR WIFE Single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. Enlist 12/5/49	17. INFORMANT'S SIGNATURE OR NAME Mrs John Heenan	ADDRESS 906 No. 11th St.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral and subarachnoid hemorrhage	DUE TO (b) Basal skull fracture	26 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Laceration of Brain	26 hours
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Lacerations of tongue, lip and head.		26 hours

19a. DATE OF OPERATION 16 March 50	19b. MAJOR FINDINGS OF OPERATION spinal fluid. sutured severe tongue laceration	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street in car	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 15, 1950 11:00 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? car that ran into a tree
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22. I hereby certify that I attended the deceased from 15 March 1950, to 17 March, 1950, that I last saw the deceased alive on 17 March, 1950, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Thompson E. Potter (Doctor or title) M.D.	23b. ADDRESS 731 Faxon St. St. Joseph, Mo.	23c. DATE SIGNED 17 March 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/20/1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Mar 22, 1950	REGISTRAR'S SIGNATURE M. C. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sidenbader	ADDRESS 1802 Lincoln
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

*Elmer Phowers*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph, 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.