No. 300
10.48

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20671

State File No. .....

BIRTH NO. 21923-50 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 505

495

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

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St John Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kans
b. COUNTY Cherokee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Galena 6150
d. STREET ADDRESS (If rural, give location) R.R. # 2

3. NAME OF DECEASED (Type or Print)
a. (First) Sharon
b. (Middle) Kay
c. (Last) Faulkner

4. DATE OF DEATH (Month) (Day) (Year) June 23 50

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH April 21 50
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 2 Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Joplin Missouri 0
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Chas. Faulkner
13b. MOTHER'S MAIDEN NAME May Clark
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. NOne
17. INFORMANT'S SIGNATURE OR NAME Chas Faulkner ADDRESS Galena Kans

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) Pertussis encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pertussis — 1 wk
DUE TO (c) — 0561

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 4 days

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* June 23, 1950, *to* June 23, 1950, *that I last saw the deceased alive on* June 23, 1950, *and that death occurred at* 4:27A *m., from the causes and on the date stated above.*

23a. SIGNATURE Charles S. Davis, M.D. (Degree or title)
23b. ADDRESS Galena Kans
23c. DATE SIGNED June 23, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6 23 50
24c. NAME OF CEMETERY OR CREMATORY Messer
24d. LOCATION (City, town, or county) (State) Galena Kans

DATE REC'D BY LOCAL REG. 6-24-50
REGISTRAR'S SIGNATURE Ed James 138 by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE Poteet Funeral Home ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-3-50
Jasper County Health Office
County File Number 50-6-508
Date Filed 7-3-50

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 Kevin Lewman

Licensed Embalmer No. 2067 Kans

P. O. Address Galena Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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