

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0390
State File No. 36691

FILED NOV 25 1950

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1031

1. PLACE OF DEATH
 a. COUNTY GREENE
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION SPEED BAPTIST HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE MISSOURI b. COUNTY GREENE
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL NORTH CAMPBELL
 d. STREET ADDRESS (If rural, give location) RT. #10 3 MILES N.E. OF SPEED MO.

3. NAME OF DECEASED (Type or Print) a. (First) BERTA b. (Middle) LEE c. (Last) FAULKNER
 4. DATE OF DEATH (Month) (Day) (Year) NOV 20 1950

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH MAY 7, 1896 9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY IN HOME 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME O.T. McMICHAEL 13b. MOTHER'S MAIDEN NAME LILLY NIMMO 14. NAME OF HUSBAND OR WIFE J.W. FAULKNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO 16. SOCIAL SECURITY NO. NO 17. INFORMANT'S SIGNATURE OR NAME ADDRESS J.W. FAULKNER RT. 10 SPEED 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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
 ANTECEDENT CAUSES DUE TO (b) Arterial Sclerosis and DUE TO (c) Hypertensive
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 24 hrs
 29 hrs
 3 31X

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) 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 11-19, 1950 to 11-20, 1950, that I last saw the deceased alive on 11-19, 1950 and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Fuller M.D. 23b. ADDRESS 609 Cherry Springfield 23c. DATE SIGNED 11-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 11-22-50 24c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL CEMETERY 24d. LOCATION (City, town, or county) (State) GREENE COUNTY MO.

DATE REC'D BY LOCAL REG. 11-21-50 REGISTRAR'S SIGNATURE W. E. Landley III FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner + Co ADDRESS Springfield, Mo.

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

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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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4071

P. O. Address _____

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.