

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH40695
State File No.BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5366

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (If in this place) 4 days		d. STREET ADDRESS (If rural, give location) 1909 Ash	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Faulkner c. (Last) Faulkner			4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 28, 1879	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher retired		10b. KIND OF BUSINESS OR INDUSTRY meat industries		11. BIRTHPLACE (State or foreign country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph D. Faulkner		13b. MOTHER'S MAIDEN NAME Cynthia Perkins		14. NAME OF HUSBAND OR WIFE Leila Faulkner (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 86 09 6152		17. INFORMANT'S SIGNATURE OR NAME E. L. Faulkner, Independence, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage from Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 4 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5/22, 1950, to 12/19, 1950, that I last saw the deceased alive on 12/19, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Fred J. Zammar (Degree or title)		23b. ADDRESS Dep. Mo.		23c. DATE SIGNED 12/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/22/50		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.					

DATE REC'D BY LOCAL REG. 12-21-50		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE L. B. Carson		ADDRESS Independence, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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.

Student
Student Embalmer

Signed *John M. Heiman*.....

Licensed Embalmer No. *4704*.....

P. O. Address *Independence, 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.