

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27433

State File No.

FILED AUG 30 1951

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5588</u>		Registrar's No. <u>166</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper 0490</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jasper</u>		c. LENGTH OF STAY (In this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper Mo</u>		d. STREET ADDRESS (If rural, give location) <u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Mo 0490</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert Newton</u> b. (Middle) <u>Fallis</u> c. (Last) <u>Fallis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 22-1884</u>	
9. AGE (In years, if under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>67</u>		10a. USUAL OCCUPATION (Give kind of work characterizing most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Jasper Co, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>F.M. Fallis</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth M. Intyre</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Clara Carnes</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>139</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Clara Carnes Jasper Mo</u>			
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) <u>Acute Gastrointestinal Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Cause of above not known (probably Gastric Carcinoma)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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) <u>Jasper Mo</u>		21d. HOW DID INJURY OCCUR? <u>151X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Aug 16, 1951</u> to <u>Aug 16, 1951</u> , that I last saw the deceased alive on <u>Aug 16, 1951</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>F. L. Edwards M.D.</u>				23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>8-18-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jasper Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-19-51</u>		REGISTRAR'S SIGNATURE <u>J. B. Clenton M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jackson & Sons Jasper Mo</u>			

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

RECEIVED 8-28-51

Jasper County Health Office

County File Number 51/8/684

Date Filed 8-29-51

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 Spe

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm H. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarsake St

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.