

FILED AUG 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27525

27525

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3030 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY LAWRENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY LAWRENCE					
b. CITY (If outside corporate limits, write RURAL and give town) Aurora		c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Aurora		d. STREET ADDRESS (If rural, give location) 318 W. CHURCH ST.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 318 W. CHURCH ST.				d. STREET ADDRESS (If rural, give location) 318 W. CHURCH ST.					
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) F.		c. (Last) FAULKNER		4. DATE OF DEATH (Month) (Day) (Year) August 8, 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH DEC. 1-1863		9. AGE (In years last birthday) 87 UNDER 1 YEAR 8 UNDER 14 HRS. 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER			10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (State or foreign country) KENT		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Joseph Faulkner			13b. MOTHER'S MAIDEN NAME Emilia Faulkner			14. NAME OF HUSBAND OR WIFE UNK NOW			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Willard Faulkner			ADDRESS Aurora, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) _____					
				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		19b. MAJOR FINDINGS OF OPERATION 794 X						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 April 15, 1951 , to Aug 8, 1951 , that I last saw the deceased alive on Aug 8, 1951 , and that death occurred at 11:45 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE W. P. Hevion, M.D. (Degree or title)				23b. ADDRESS Aurora, Mo.				23c. DATE SIGNED Aug 9-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-10-51		24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK Cem.		24d. LOCATION (City, town, or county) (State) Aurora, Missouri			
DATE REC'D BY LOCAL REG. Aug 9-51		REGISTRAR'S SIGNATURE Oran M. Natt			25. FUNERAL DIRECTOR'S SIGNATURE Oran M. Natt		ADDRESS Aurora, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48540
1

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

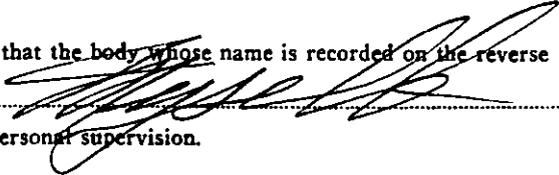
RECEIVED AUG 16 1951

Dist. File 831-1562
Date Filed 8-12-51

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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.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 3812

P. O. Address Arrows MD

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.